


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G84851</b> 1. Entity Name <b>JACKSONVILLE CONVENTION CENTER DEVELOPMENT, INC.</b>	
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Principal Place of Business <b>524 STOCKTON ST JACKSONVILLE, FL 32204</b>	Mailing Address <b>524 STOCKTON ST JACKSONVILLE, FL 32204</b>
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**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2407079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GAY, W.W.  
524 STOCKTON ST  
JACKSONVILLE, FL 32204**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000089840 03/16/04-80005-006 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GAY, W.W. 524 STOCKTON ST JACKSONVILLE, FL 32204</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PAXSON, WESLEY C 1050 FLAGLER AVE. JACKSONVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DEMETREE, JACK 3740 BEACH BLVD. JACKSONVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a father like empowered.

SIGNATURE:  PARTNER 3/15/2004 (904) 388-2696  
Signature and typed or printed name of signing officer or director Date Daytime Phone #