

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90003 030 ***150.00

DOCUMENT # K07898

1. Entity Name
ACTION TRANSMISSION OF JACKSONVILLE, INC.



Principal Place of Business

% ROGER E. WHITE
6015 MERRILL RD.
JACKSONVILLE, FL 32211

Mailing Address

% ROGER E. WHITE
6015 MERRILL RD.
JACKSONVILLE, FL 32211

94045521



2. Principal Place of Business

8184 Shady Grove Rd

3. Mailing Address

8184 Shady Grove Rd

02222004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

59-2862795

Applied For

Not Applicable

Zip

32216

Country

Zip

32216

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROGER E.
6015 MERRILL RD.
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8184 Shady Grove Rd

City

Jacksonville

FL

Zip Code

32216

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **WHITE, ROGER E.**
CITY-ST-ZIP **6015 MERRILL RD.**
JACKSONVILLE, FL

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **WHITE, JOANN**
CITY-ST-ZIP **6015 MERRILL RD**
JACKSONVILLE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **8184 Shady Grove Rd**
CITY-ST-ZIP **32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **8184 Shady Grove Rd**
CITY-ST-ZIP **32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

J. Ann White - JOANN WHITE

3/15/04

904-646-4469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #