

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001515

FILED
Jan 10, 2005
Secretary of State

Entity Name: JACKSONVILLE MARINE TRANSPORTATION EXCHANGE, INC.

Current Principal Place of Business:

3117 TALLEYRAND AVE
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350162
JACKSONVILLE, FL 322350162

New Mailing Address:

FEI Number: 59-3705390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDENFIELD, EARL E JR
3117 TALLEYRAND AVE
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: EDENFIELD, EARL E JR
Address: 3117 TALLEYRAND AVE
City-St-Zip: JACKSONVILLE, FL 32206

Title: DIR () Delete
Name: BROWN, JOSEPH
Address: 4910 OCEAN ST
City-St-Zip: MAYPORT, FL 32233

Title: DIR () Delete
Name: RING, MICHAEL L
Address: 5632 CHANNEL VIEW BLVD
City-St-Zip: JACKSONVILLE, FL 32226

Title: DIR () Delete
Name: LEWIS, DONALD S EXECDIR
Address: 3117 TALLEYRAND AVE
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD S. LEWIS

DIR

01/10/2005

Electronic Signature of Signing Officer or Director

Date