

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004145

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: ONEJAX, INC.

## Current Principal Place of Business:

1022 PARK STREET  
SUITE 302  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

1022 PARK STREET  
SUITE 302  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 20-2719059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

O'CONNOR, BOBBIE MS.  
1022 PARK STREET  
SUITE 302  
JACKSONVILLE, FL 32204 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: MR. ( ) Delete  
Name: MOBLEY, PHILIP CHAIR  
Address: 4800 DEERWOOD CAMPUS PARKWAY, DCC 600-4  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MS. ( ) Delete  
Name: EZELL, BRENDA B CHR ELE  
Address: 6 E. BAY STREET, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MR. ( ) Delete  
Name: JOHNSON, HENRY TREASUR  
Address: 8933 ELIZABETH FALLS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MS. ( ) Delete  
Name: HAMILTON, SUSAN SECRET  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: MOBLEY, PHILIP CHAIR  
Address: 6221 QUIET COUNTRY LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MS. (X) Change ( ) Addition  
Name: EZELL, BRENDA B CHR ELE  
Address: 4651 SALISBURY ROAD, SUITE 415  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: JUDG (X) Change ( ) Addition  
Name: HOWARD, MARCIA SECRET  
Address: US COURTHOUSE, 300 N HOGAN STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MS. ( ) Change (X) Addition  
Name: HAMILTON, SUSAN AST.SEC  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BOBBIE O'CONNOR

MS.

03/12/2009

Electronic Signature of Signing Officer or Director

Date