

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005230

FILED
Sep 08, 2008
Secretary of State

Entity Name: THE JACKSONVILLE JACKETS, INC

Current Principal Place of Business:

4899 TOPROYAL LN
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

4899 TOPROYAL LN
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 06-1815562 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCANTS, DERRICK
4899 TOPROYAL LN
JACKSONVILLE, FL 32277 US

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: P () Delete
Name: MCCANTS, DERRICK
Address: 4899 TOPROYAL LN
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: COBB, BILLY
Address: 978 CHALMET ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: DST () Delete
Name: MCGEE, NANETTE
Address: 3430 SHAVNA OAKS DR
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: MCGHEE, NANETTE
Address: 3430 SHAVNA OAKS DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: T (X) Change () Addition
Name: CAYENNE, KERRI
Address: 3430 SHAVNA OAKS DR
City-St-Zip: JACKSONVILLE, FL 32277

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: KERRI CAYENNE

TREA

09/08/2008

Electronic Signature of Signing Officer or Director

Date