

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 09, 2004
Secretary of State**

DOCUMENT# N94000003087

Entity Name: MOPEL OF JACKSONVILLE, INC.

Current Principal Place of Business:

1301 N. MYRTLE AVENUE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 40845
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3359870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, LEE E
1262 W. 4TH STREET
JACKSONVILLE, FL 32209 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: DP () Delete
Name: HARRIS, LEE E
Address: 1262 W 4TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: GEE, BIRNETT
Address: 2564 MINOSO CIR W
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: PIERCE, HAROLD T
Address: 6720 GASPAR CIRCLE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: HALL, DAVID
Address: 10949 KEY VEGA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: ROBINSON, STANLEY
Address: 1319 N. MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: MORGAN, JACKIE
Address: 1319 N. MYRTHLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: LEE E. HARRIS

PRES

06/09/2004

Electronic Signature of Signing Officer or Director

_____ Date