


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000011771		
1. Entity Name JAX ASSET/DEBT MANAGEMENT, INC.		
Principal Place of Business 93 PLAYERS CLUB VILLAS PONTE VEDRA BEACH, FL 32082	Mailing Address 93 PLAYERS CLUB VILLAS PONTE VEDRA BEACH, FL 32082	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCCORMICK, JAMES C 93 PLAYERS CLUB VILLAS PONTE VEDRA BEACH, FL 32082		DO NOT WRITE IN THIS SPACE
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 <u>James C. McCormick</u> <u>JAMES C. MCCORMICK</u> <u>3/4/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NELSON, GARRY 109 BRILLANT AVE PITTSBURGH, PA 15215	DO NOT WRITE IN THIS SPACE
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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: <u>Garry A. Nelson</u> <u>GARRY A. NELSON</u> <u>3/4/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3697106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

UD00000252932
03/07/05-80014-019 150.00