2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000060739

1. Entity Name
JAXUP INC.

Principal Place of Business	Mailing Address
2131 W BEAVER STREET	2131 W BEAVER STREET
JACKSONVILLE, FL 32209	JACKSONVILLE, FL 32209

DO NOT WRITE IN THIS SPACE

03042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3725941	Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, A P
2527 FORBES ST
JACKSONVILLE, FL 32244

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 _(signed)_ A. P. WHITE , PRES   3-4-05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WHITE, A P
STREET ADDRESS	2527 FORBES ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000253419
03/07/05-80030-023 150.00

DO NOT WRITE
IN THIS SPACE

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: _(signed)_   3-4-05   904 355-2987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #