

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90052 006 ***150.00

DOCUMENT # P01000074008

1. Entity Name
JACKSONVILLE TAX SERVICE, INC.



Principal Place of Business
**1195 MAYPORT ROAD
ATLANTIC BEACH, FL 32233**

Mailing Address
**1195 MAYPORT ROAD
ATLANTIC BEACH, FL 32233**

44004110



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3731391

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LLOYD, JEFFREY J
2821 SEBASTIAN COURT
JACKSONVILLE, FL 32224**

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LLOYD, JEFFREY J
2821 SEBASTIAN COURT
JACKSONVILLE, FL 32224**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04 (904) 247-0300
Date Daytime Phone #

attachment

#PO/000074008
1/23/2004
44004145
**150.00

Uniform Business Report Filings

One Hundred Fifty and 00/100*****

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Uniform Business Report Filings			1/23/2004			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
01/21/2004	Bill		150.00	150.00		150.00
				Check Amount		150.00

checking 150.00

Uniform Business Report Filings			1/23/2004			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
01/21/2004	Bill		150.00	150.00		150.00
				Check Amount		150.00

checking

150.00