

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90228 017 ***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**



04252005 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 91 W 11TH ST Apt 407
JACKSONVILLE, FL 32224 ATLANTIC BEACH FL 32233

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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)

JEFFREY J LLOYD

(NOTE: Registered Agent signature required when reinstating)

4/23/05
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 PD
NAME LLOYD, JEFFREY J
STREET ADDRESS 2821 SEBASTIAN COURT 91 W 11TH ST Apt 407
CITY-ST-ZIP JACKSONVILLE, FL 32224 ATLANTIC BEACH FL 32233

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 9042470300
Date Daytime Phone #