

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # P02000026187

1. Entity Name
JACKSONVILLE MERIDIAN USERS GROUP, INC.



Principal Place of Business
4063 PONCE DE LEON AVE.
JACKSONVILLE, FL 32217

Mailing Address
4063 PONCE DE LEON AVE.
JACKSONVILLE, FL 32217



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3623432
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAINTER, EDWARD
4063 PONCE DE LEON AVE.
JACKSONVILLE, FL 32217

**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 reissuing)

2/15/05
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 D
NAME PAINTER, EDWARD S
STREET ADDRESS 4063 PONCE DE LEON AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME BRUCE, ROBERT
STREET ADDRESS 250 MARRIOTT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32299

TITLE D
NAME GILBERT, JACQUILINE
STREET ADDRESS 335 CROSSING BLVD
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D
NAME VIENS, SHARON
STREET ADDRESS 2306 STONEBRIDGE DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE D
NAME SPRING, JODEE
STREET ADDRESS 11393 KINGSLEY MANOR WAY
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000247349
03/01/05-80019-005 150.00

**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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05
Date

9048586076
Daytime Phone #