

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069755

FILED
Apr 26, 2005
Secretary of State

Entity Name: JACKSONVILLE MOBILE MARINE, INC.

Current Principal Place of Business:

4329 LAKE WOODBOURNE DR S
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551011
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 75-3071258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANT ABRAHAM REITER & MCCORMICK, P.A.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VARGAS, ESTUARDO
Address: 4329 LAKE WOODBOURNE DR SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: T () Delete
Name: VARGAS, NINOSKA
Address: 4329 LAKE WOODBOURNE DR SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTUARDO VARGAS

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date