2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# P02000099500

Entity Name: A.S. & G. OF JACKSONVILLE, INC

Current Principal Place of Business:

2743 ANNISTON RD
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2743 ANNISTON RD
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 30-0177640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFIELD, HAROLD
2743 ANNISTON RD
JACKSONVILLE, FL 32246 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: P ( ) Delete
Name: HIGGS, CONNIE
Address: 1209 EAGLE BEND CT.
City-St-Zip: JAX, FL 32226

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OWENS, DON
Address: 1209 EAGLE BEND CT.
City-St-Zip: JAX, FL 32226

Title: VP ( ) Change (X) Addition
Name: NEFES INC,
Address: 2743 ANNISTON RD
City-St-Zip: JAX, FL 32246 US

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: DONALD OWENS PRES 04/06/2005

Electronic Signature of Signing Officer or Director Date