

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113297

FILED
Apr 29, 2004
Secretary of State

Entity Name: ABA HOLDINGS OF JAX, INC.

Current Principal Place of Business:

% BARRY L. ALLRED
701 WEST ADAMS STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

C/O BARRY L. ALLRED
701 WEST ADAMS STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

% BARRY L. ALLRED
701 WEST ADAMS STREET
JACKSONVILLE, FL 32204

New Mailing Address:

C/O BARRY L. ALLRED
701 WEST ADAMS STREET
JACKSONVILLE, FL 32204

FEI Number: 52-2385822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUSS, JOHN S IV
FORD, JETER, BOWLUS, DUSS, MORGAN, KENNEY
10110 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 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: ALLRED, BARRY L
Address: 701 WEST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: ALLRED, ALICE M
Address: 701 WEST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: BARRY L ALLRED

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date