2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000113305

1. Entity Name
ACTION JACKSON RIB HOUSE, INC.

Principal Place of Business	Mailing Address
5013 SOUTE 1 DRIVE JACKSONVILLE, FL 32208	4834 CHURCHILL DRIVE JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2299540
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON-BROUGHTON, ANDREA
4834 CHURCHILL DRIVE
JACKSONVILLE, FL 32208

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Required only when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON-BROUGHTON, ANDREA
STREET ADDRESS	4834 CHURCHILL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VP
NAME	BROUGHTON, CURTIS
STREET ADDRESS	4834 CHURCHILL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80069-002 150.00

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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 ___ if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea Jackson-Broughton ANDREA JACKSON-BROUGHTON 4-24-2004 (904)707-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #