


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90002 031 ***150.00

DOCUMENT # P02000124724	
1. Entity Name JAX 4 CLOSURE, INC.	

Principal Place of Business 1601 OCEAN DR S #404 JACKSONVILLE BCH, FL 32250	Mailing Address 1601 OCEAN DR S #404 JACKSONVILLE BCH, FL 32250
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J4070017

2. Principal Place of Business P.O. Box 1912 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1912 Suite, Apt. #, etc.
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09302004 Chg-P CR2E034 (10/03)

City & State Ponte Vedra Beach, FL	City & State Ponte Vedra Beach, FL
Zip 32004	Zip 32004
Country	Country

4. FEI Number 82-0573045	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OWENS, KENNETH 1601 OCEAN DR S #404 JACKSONVILLE BCH, FL 32250	7. Name and Address of New Registered Agent Name: AAA Business & Tax Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 1171 Beach Blvd. City: Jacksonville Beach FL Zip Code: 32250
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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: <i>Michael C. Adams</i>	DATE: 9/30/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, KENNETH E 1601 OCEAN DR S #404 JACKSONVILLE BCH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 1912 Ponte Vedra Beach, FL 32004
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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 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Kenneth E Owens</i>	DATE: 9/30/04 DAYTIME PHONE: 904-8872363