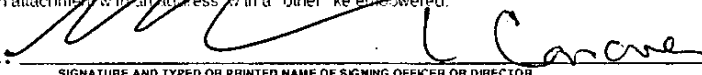


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90089 001 ***150.00

DOCUMENT # P02000133065					
1. Entity Name JAX STAR OF JACKSONVILLE, INC.					
Principal Place of Business 11215-4 ST. JOHNS INDUSTRIAL PKWY. JACKSONVILLE, FL 32246			Mailing Address PO BOX 350878 JACKSONVILLE, FL 32235		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0487290	
				Accepted For Not Accepted	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONOVER, LINDA 11215-4 ST. JOHNS INDUSTRIAL PKWY. JACKSONVILLE, FL 32246			Name		
			Street Address (P.O. Box Number's Not Acceptable)		
			City FL Zip Code		
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 _____ Signature, handwritten and typed or printed name of signing officer or director. (If the signature is not handwritten, the signature must be typed or printed.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	VD CONOVER, LINDA J 11215-4 ST. JOHNS INDUSTRIAL PKWY. JACKSONVILLE, FL 32246 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	President L. Conover ☒ Change ☐ Addition PO 5237 Gainesville Ga 30504-5237		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD DAIGNAULT, MIKE 11215-4 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I 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 a letter be answered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					