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

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
03-0487290
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CONOVER, LINDA
11215-4 ST. JOHNS INDUSTRIAL PKWY.
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) Date

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 10	
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 PO 5237 Gainesville Ga 30504-5237 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD DAIGNAULT, MIKE 112154 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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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: L Conover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #