

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133065

Entity Name: JAX STAR OF JACKSONVILLE, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

3122 LEON RD
8
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

PO BOX 5237
GAINESVILLE, GA 305045237

New Mailing Address:

FEI Number: 03-0487290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONOVER, LINDA
3122 LEON RD
8
JACKSONVILLE, FL 32246 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: VD () Delete
Name: CONOVER, LINDA J
Address: PO 5237
City-St-Zip: GAINESVILLE, GA 30504 52

Title: P () Delete
Name: CONOVER, L
Address: PO BOX 5237
City-St-Zip: GAINESVILLE, GA 305045237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CONOVER, LINDA J
Address: PO 5237
City-St-Zip: GAINESVILLE, GA 305045237

Title: VP (X) Change () Addition
Name: DAIGNAULT, MICHAEL
Address: PO BOX 5237
City-St-Zip: GAINESVILLE, GA 305045237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LINDA CONOVER

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date