FILED
May 28, 2004 8:00 am
Secretary of State
04-19-2004 90291 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000045213

1. Entity Name
@ SERVICES OF JAX, INC.

66424777

Principal Place of Business
300 2ND AVENUE NORTH SUITE 20
JACKSONVILLE BEACH, FL 32250

Mailing Address
300 2ND AVENUE NORTH SUITE 20
JACKSONVILLE BEACH, FL 32250

02202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
720 Saint Johns Bluff Rd North		720 Saint Johns Bluff Rd North	
Suite, Apt. #, etc. 2		Suite, Apt. #, etc. 2	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32225	Country US	Zip 32225	Country US

4. FEI Number 57-1146032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
YARBROUGH, R. ALLEN
300 2ND AVENUE NORTH SUITE 20
JACKSONVILLE BEACH, FL 32250

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]
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, 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	PD	☐ Delete
NAME	YARBROUGH, R. ALLEN	
STREET ADDRESS	300 2ND AVENUE NORTH SUITE 20	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Ad
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]