

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111073

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** TOTAL PACKAGE OF JAX, INC.

**Current Principal Place of Business:**

13453 N MAIN ST  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

12319 NAOMI DRIVE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

13453 N MAIN ST  
JACKSONVILLE, FL 32218

**New Mailing Address:**

12319 NAOMI DRIVE  
JACKSONVILLE, FL 32218

FEI Number: 20-0309320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOECKEL, STANLEY B  
3439 DOCKSIDER DR S  
JACKSONVILLE, FL 32257 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: D ( ) Delete  
Name: BESSENT, JAMES A  
Address: 13453 N MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BESSENT, JAMES A  
Address: 12319 NAOMI DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A. BESSENT SR.

D

04/30/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date