2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 08, 2005 8:00 am Secretary of State

DOCUMENT # P0400004236 1. Entity Name ALL JAX REALTY, INC.						08-08-2005	5 90045 043 **	*538.75
Principal Place of Business 9951 REGENCY BLVD STE 163 IACKSONVILLE, FL 32225		Mailing Address 9951 REGENCY BLVD STE 163 JACKSONVILLE, FL 32225				500603	08	
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-				
City & State		City & State		07072005 4. FELNumber	Chg-P	CR2E034 (10/	Applied For	
-				86	-10989		Not Applicable	
Zip	Country Zip		Count	iry	5. Certificate	of Status Desired	\$8.75 Fee Rec	Additional uired
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered Agent	
MULLINS, VICKI								
9961 REGENCY BLVD STE 163 JACKSONVILLE, FL 32225				Street Address (P.O. Box Number is Not Acceptable)				
	•							
				City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or registe	ered agent, or bot	th, in the State of Fl	lorida. I am familiar i	vith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent	sand tale if applicable. (NOT	E: Registered	d Agent agnature require	od when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finar Trust Fund Contribution.				i.00 May Be ded to Fees	In accordance corporation did	with s. 607.193(2) I not receive the pi	(b), F.S., the ior notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIREC	ORS IN 11
TITLE	DP	☐ Delete	TITLE	1			Cha	nge 🗌 Addition
NAME STREET ADDRESS	MULLINS, VICKI 9951 REGENCY BLVD STE 163	3	NAME STREE	et address				
CITY-ST-ZIP	JACKSONVILLE, FL 32225	1						
TITLE NAME STREET ADDRESS			U117-	-ST-ZIP				
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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 cath; 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: 2