## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000071100

Entity Name: JAX IRISH FEST, INC

Address:

City-St-Zip:

REBECCA METCALF

JACKSONVILLE, FL 32233 US

FILED Apr 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 927 4TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** 927 4TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250 FEI Number: 20-4861665 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOHERTY, KEITH 927 4TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition WATSON, NICHOLAS Name: Name: 1248 GALAPAGOS AVENUE SOUTH Address: Address: City-St-Zip: 1248 GALAPAGOS AVENUE SOUTH, FL 32233 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: DOHERTY, KEITH Name: 927 4TH AVENUE NORTH Address: Address: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: City-St-Zip: Title: Title: DIR ( ) Delete () Change () Addition LYNCH, SEAN Name: Name: 725 CEDAR AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32234 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition METCALF, REBECCA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KEITH DOHERTY DIR 04/14/2007