

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000033697**

1. Entity Name  
2 JAX ENTERPRISES, INC.



Principal Place of Business  
5613 UNIVERSITY BLVD., W  
JACKSONVILLE, FL 32216-5558 US

Mailing Address  
P.O. BOX 489  
NEW PORT RICHEY, FL 34656-0489 US



02152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3181738

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SMITH, CHRIS  
5711 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

**DO NOT WRITE  
IN THIS SPACE**

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, 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 DP  
NAME SMITH, CHRIS  
STREET ADDRESS 5711 WESTSHORE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE STD  
NAME VICKERY, KELVIN  
STREET ADDRESS 12881 EAGLES NEST CT.  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VP  
NAME COOK, TODD  
STREET ADDRESS 12881 EAGLES NEST CT.  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000128540  
04/26/04-80042-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER A. SMITH PRESIDENT

Date

Daytime Phone #

3/10/04