


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P93000033697 1. Entity Name 2 JAX ENTERPRISES, INC. |  |
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|---|--|
| 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 |
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03122005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-3181738 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SMITH, CHRIS 5711 WESTSHORE DRIVE NEW PORT RICHEY, FL 34652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD VICKERY, KELVIN 12881 EAGLES NEST CT. JACKSONVILLE, FL 32246 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COOK, TODD 12881 EAGLES NEST CT. JACKSONVILLE, FL 32246 |
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04/11/05-80024-004 150.00

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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 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: CHRISTOPHER A. SMITH 4/7/05 727-847-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #