

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052054

FILED
Apr 27, 2005
Secretary of State

Entity Name: JAXPORT REFRIGERATED SERVICES, INC.

Current Principal Place of Business:

2701 TALLEYRAND AVENUE
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2701 TALLEYRAND AVENUE
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3193640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCE, CARLTON H.
1814 INDUSTRIAL BLVD
JACKSONVILLE, FL 32254 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: CDS () Delete
Name: SPENCE, CARLTON H
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: SPENCE, JEFFREY C
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: S () Delete
Name: BROWN, TERRY
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: T () Delete
Name: GIER, MARK
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLTON H. SPENCE

CDS

04/27/2005

Electronic Signature of Signing Officer or Director

Date