




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90141 040 ***150.00

DOCUMENT # P93000074844 1. Entity Name R. JAX HOLDING CORP.			
Principal Place of Business 13361 ATLANTIC BLVD. JACKSONVILLE, FL 32225 US		Mailing Address C/O GREG MORRIS 2325 ULMERTON RD., STE. 20 CLEARWATER, FL 33762 US	
2. Principal Place of Business - No P.O. Box # 700 Ponte Vedra Lakes Blvd. Suite, Apt. #, etc.		3. Mailing Address 700 Ponte Vedra Lakes Blvd. Suite, Apt. #, etc.	
City & State Ponte Vedra Beach Zip 32082		City & State Ponte Vedra Beach Zip 32082	
4. FEI Number 59-3208032		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, GREGORY D 2325 ULMERTON ROAD, SUITE #20 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name GREGORY MORRIS Street Address (P.O. Box Number is Not Acceptable) 700 PONTE VEDRA LAKES BLVD City PONTE VEDRA BEACH FL Zip Code 32082	
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  DATE 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME DODSON, J. THOMAS STREET ADDRESS 13361 ATLANTIC BLVD CITY-ST-ZIP JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 700 Ponte Vedra Lakes Blvd CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE NAME VPST STREET ADDRESS WOOD, RENE' M CITY-ST-ZIP 5401 W KENNEDY BLVD., SUITE 751 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME VP STREET ADDRESS MORRIS, GREGORY D CITY-ST-ZIP 2325 ULMERTON RD STE 20 CLEARWATER, FL 33762	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 700 Ponte Vedra Lakes Blvd CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Gregory D. Morris <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/11/08 Daytime Phone # 904.280.7100	