


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000018194</b>	
1. Entity Name RAX CO.	

Principal Place of Business 50 N. LAURA STREET SUITE 3400 JACKSONVILLE, FL 32202	Mailing Address PO BOX 4099 JACKSONVILLE, FL 32201
---	--

**DO NOT WRITE IN THIS SPACE**



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3265983	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  SKINNER, HALCYON E 50 N. LAURA STREET 3300 BARNETT CENTER JACKSONVILLE, FL 32202	
--	--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	11000000284048 04/01/05-80051-016 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKINNER, HALCYON E 50 N. LAURA STREET, SUITE 3400 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEEFE, KENNETH M JR 50 N. LAURA STREET STE. 3400 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUNN, DANIEL B JR 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSTON, BARBARA C 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, SHARON R 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 119.07(3)(f), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Halcyon E. Skinner, Pres. 3/25/05 904-798-2626 <small>Date Daytime Phone #</small>
--	---