


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000037340 1. Entity Name JACKSONVILLE-TPC/G.P., INC.	
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Principal Place of Business 1401 BROAD STREET CLIFTON, NJ 07013 US	Mailing Address 1401 BROAD STREET CLIFTON, NJ 07013 US
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DO NOT WRITE IN THIS SPACE



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3303988	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 \$550.00
Due by September 7, 2005**

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	P AMBROSI, ROBERT J 1401 BROAD STREET CLIFTON, NJ 07013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREL, MARC 1401 BROAD STREET CLIFTON, NJ 07013
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05/09/05-80006-013 550.00

**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 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: Robert J Ambrosi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05
Date

973 249 1000
Daytime Phone #