

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90290 025 ***150.00

DOCUMENT # P95000032927

1. Entity Name
JEFFERSON SQUARE INVESTORS, INC.



Principal Place of Business
**4928 ARAPAHOE AVE
JACKSONVILLE, FL 32210 US**

Mailing Address
**4928 ARAPAHOE AVE
#8AB
JACKSONVILLE, FL 32210 US**

20018976



2. Principal Place of Business
**2720 Park St. #204
Suite, Apt. #, etc.**

3. Mailing Address
**2720 Park St #204
Suite, Apt. #, etc.**

02222005 Chg-P CR2E034 (10/03)

City & State
Jacksonville, FL
Zip
32205 Country

City & State
Jacksonville FL
Zip
32205 Country

4. FEI Number
59-3362098 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALL, WILLIAM H
4928 ARAPAHOE AVE
JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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]**
Signature, typed or printed name of registered agent and title if applicable.

3/3/05
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 **D** ☐ Delete
NAME **HALL, WILLIAM H**
STREET ADDRESS **4928 ARAPAHOE AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Delete
NAME **HALL, ALLISON K**
STREET ADDRESS **390 FIFTH ST**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **HALL, Allison H.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05
Date

Daytime Phone #