

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064358

Entity Name: JAX PANAMA, INC.

FILED
Sep 08, 2004
Secretary of State

Current Principal Place of Business:

C/O ALLISON J. KEATING
111 ALLEN AVE.
FALMOUTH, MA 02540 US

Current Mailing Address:

C/O ALLISON J. KEATING
111 ALLEN AVE.
FALMOUTH, MA 02540 US

FEI Number: 04-3338262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, WILLIAM K
303 STATE ROAD 26
MELROSE, FL 32666 US

New Principal Place of Business:

C/O WILLIAM WOOD
22 SE 17TH AVENUE
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

C/O WILLIAM WOOD
22 SE 17TH AVENUE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

WOOD, WILLIAM
22 SE 17TH AVENUE
FORT LAUDERDALE, FL 33301 US

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: WILLIAM A WOOD

09/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KEATING, ALLISON J
Address: 111 ALLEN AVENUE
City-St-Zip: FALMOUTH, MA 02540

Title: AS (X) Delete
Name: KEATING, ALLISON J
Address: 111 ALLEN AVENUE
City-St-Zip: FALMOUTH, MA 02540

Title: S (X) Delete
Name: GORDON, WILLIAM K
Address: 303 STATE RD. 26
City-St-Zip: MELROSE, FL 32666

Title: VDAT (X) Delete
Name: KEATING, PAULA J
Address: 449 SUMMER ST
City-St-Zip: LYNN FIELD, MA 01940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: WOOD, WILLIAM A
Address: P.O. BOX 1324
City-St-Zip: NORTH HAMPTON, NH 03862

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: WILLIAM A WOOD

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09/08/2004

Electronic Signature of Signing Officer or Director

Date