

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000064358**

1. Entity Name  
**JAX PANAMA, INC.**



Principal Place of Business  
**130 SOUTH UNIVERSITY DRIVE  
SUITE A  
PLANTATION, FL 33324 US**

Mailing Address  
**130 SOUTH UNIVERSITY DRIVE  
SUITE A  
PLANTATION, FL 33324 US**



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3338262**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOOD, DALE  
130 SOUTH UNIVERSITY DRIVE  
SUITE A  
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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000602213  
01/26/07-80080-017 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	WOOD, DALE
STREET ADDRESS	130 SOUTH UNIVERSITY DRIVE, SUITE A
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VD
NAME	MAYER, THOMAS
STREET ADDRESS	130 SOUTH UNIVERSITY DRIVE, SUITE A
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dale Wood, PTD**

**1-19-07**

Date

**(954) 370-0600**

Daytime Phone #