

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000010566

1. Entity Name
LEWIS ENTERPRISE OF JACKSONVILLE CORP.



Principal Place of Business
**12443 SAN JOSE BLVD
SUITE 501
JACKSONVILLE, FL 32223 US**

Mailing Address
**12443 SN JOSE BLVD
SUITE 501
JACKSONVILLE, FL 32223 US**



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3358054

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**LEWIS, DAVID B
12443 SAN JOSE BLVD
SUITE 501
JACKSONVILLE, FL 32223**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000485830
04/13/06-80009-023 150.00

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
COURSEY, JANICE H
3615 MYRA ST
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
LEWIS, DAVID B
12969 FALLENTREE DR
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

3/27/2006 904-288-9800
Date Daytime Phone #