


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -5 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017028
1. Entity Name
PETROLEUM PACKERS OF JACKSONVILLE, INC.



Principal Place of Business: 3101 TALLEYRAND AVE, JACKSONVILLE, FL 32206-2639
Mailing Address: 1601 MCCLOSKEY BLVD., TAMPA, FL 33605-6710

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03) 04

4. FEI Number: 59-3437077 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARKETT, KENNETH D
1601 MCCLOSKEY BLVD
TAMPA, FL 33605

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARKETT, HARRY J
STREET ADDRESS	1601 MCCLOSKEY BLVD
CITY - ST - ZIP	TAMPA, FL 336056710
TITLE	VPS
NAME	BARKETT, ANTHONY J
STREET ADDRESS	1601 MCCLOSKEY BLVD
CITY - ST - ZIP	TAMPA, FL 33605
TITLE	AS
NAME	BARKETT, KENNETH D
STREET ADDRESS	1601 MCCLOSKEY BLVD
CITY - ST - ZIP	TAMPA, FL 33605
TITLE	T
NAME	BARKETT, RICHARD A
STREET ADDRESS	1601 MCCLOSKEY BLVD
CITY - ST - ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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] 4/26/04 813-248-1588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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