


2006 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 AM 10:06

DOCUMENT # P97000017028 1. Entity Name PETROLEUM PACKERS OF JACKSONVILLE, INC.	
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Principal Place of Business 3101 TALLEYRAND AVE JACKSONVILLE, FL 32206-2639	Mailing Address 1601 MCCLOSKEY BLVD. TAMPA, FL 33605-6710
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3437077	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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	

DO NOT WRITE IN THIS SPACE

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 03/07/06--01029--024 **1150.00

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: _____ Date: 1/19/06 Daytime Phone #: 813-278-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR