2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000017028

1. Entity Name

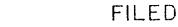
PETROLEUM PACKERS OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

3101 TALLEYRAND AVE JACKSONVILLE, FL 32206-2639 1601 MCCLOSKEY BLVD. TAMPA, FL 33605-6710



08 FEB 18 PH 1: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02042008

No Chg-P

CR2E034 (11/05)

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

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	ne above named entity submits this statement for the purpose of changin ne obligations of registered agent.	ng its registered office or registered agent, or both, in the State of Flori	da. I am familiar with, and accept
SIG	NATURE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Redistered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00

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

After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ΡD TITLE BARKETT, HARRY J NAME STREET ADDRESS 1601 MCCLOSKEY BLVD CITY-ST-ZIP TAMPA, FL 336056710 VPS TITLE NAME BARKETT, ANTHONY J STREET ADDRESS 1601 MCCLOSKEY BLVD CITY-ST-ZIP TAMPA, FL 33605 AS TITLE BARKETT, KENNETH D NAME STREET ADDRESS 1601 MCCLOSKEY BLVD CITY-ST-ZIP **TAMPA, FL 33605** TITLE BARKETT, RICHARD A STREET ADDRESS 1601 MCCLOSKEY BLVD CITY-ST-ZIP TAMPA, FL 33605 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

200121222612 03/25/08--01042--001 **1100.00

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12. I hereby certify that the information supplied with this filling 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

4/28

813278-1983

Daytime Phone #