


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


<b>DOCUMENT # P97000017028</b> 1. Entity Name <b>PETROLEUM PACKERS OF JACKSONVILLE, INC.</b>	
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Principal Place of Business <b>3101 TALLEYRAND AVE                  JACKSONVILLE, FL 32206-2639</b>	Mailing Address <b>1601 MCCLOSKEY BLVD.                  TAMPA, FL 33605-6710</b>
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08 FEB 18 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3437077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BARKETT, KENNETH D  
 1601 MCCLOSKEY BLVD  
 TAMPA, FL 33605**

DO NOT WRITE  
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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BARKETT, HARRY J                      1601 MCCLOSKEY BLVD                      TAMPA, FL 336056710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <b>BARKETT, ANTHONY J                      1601 MCCLOSKEY BLVD                      TAMPA, FL 33605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>BARKETT, KENNETH D                      1601 MCCLOSKEY BLVD                      TAMPA, FL 33605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BARKETT, RICHARD A                      1601 MCCLOSKEY BLVD                      TAMPA, FL 33605</b>
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 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:** \_\_\_\_\_ *Assessing* \_\_\_\_\_ **7/4/08** **813 278 7188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #