

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

DOCUMENT # P97000034547

1. Entity Name
PRICE-JACKSONVILLE, INC.



01-18-2007 90133 001 ***150.00
01-18-2007 90133 002 ***518.34

Principal Place of Business
**6260-D DUPONT STATION CT
JACKSONVILLE, FL 32217**

Mailing Address
**6260-D DUPONT STATION CT
JACKSONVILLE, FL 32217**

66000173



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3463341

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KELLY, TIMOTHY P
1016 LASALLE STREET
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name **Charles B Price**
Street Address (P.O. Box Number is Not Acceptable)
6260 Dupont Station Ct
Suite D
City **Jacksonville** FL Zip Code **32217**

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.

Charles B Price

(NOTE: Registered Agent signature required when reinstating)

DATE **1/11/07**

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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** ☐ Delete
NAME **PRICE, SAMUEL**
STREET ADDRESS **6260 DUPONT STATION CT D**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **VD** ☐ Delete
NAME **PRICE, CHARLES B**
STREET ADDRESS **6260 DUPONT STATION CT D**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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

Charles B Price

DATE **1/11/07**

Daytime Phone # **904 367-1700 x1**