

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000027253

1. Entity Name  
PETROLEUM PACKERS OF JACKSONVILLE II, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 22 AM 9:14

Principal Place of Business  
1601 MCCLOSKEY BLVD  
TAMPA, FL 33605

Mailing Address  
1601 MCCLOSKEY BLVD  
TAMPA, FL 33605

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3500825	Applied For Not Applicable
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BARKETT, HARRY J  
STREET ADDRESS 1601 MCCLOSKEY BOULEVARD  
CITY-ST-ZIP TAMPA, FL 33605

TITLE VSD  
NAME BARKETT, ANTHONY  
STREET ADDRESS 1601 MCLOSKEY BLVD  
CITY-ST-ZIP TAMPA, FL 33605

TITLE AS  
NAME BARKETT, KENNETH  
STREET ADDRESS 1601 MCCLOSKEY BLVD  
CITY-ST-ZIP TAMPA, FL 33605

TITLE AT  
NAME BARKETT, RICHARD  
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

803-248-1838

Date

Daytime Phone #

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03/29/05-01039-023-\*\*1176.25

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