

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000041852																
1. Entity Name JACKSONVILLE COURT REPORTERS, INC.																
Principal Place of Business 3457 UPHILL TERRACE JACKSONVILLE, FL 32225		Mailing Address 3457 UPHILL TERRACE JACKSONVILLE, FL 32225														
DO NOT WRITE IN THIS SPACE																
6. Name and Address of Current Registered Agent MARTIN, CAROL D 3457 UPHILL TERRACE JACKSONVILLE, FL 32225		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 date if applicable (NOTE: Registered Agent signature required when name changed) DATE																
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														
<table border="1"> <thead> <tr> <th colspan="2">10. OFFICERS AND DIRECTORS</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td>PSTD MARTIN, CAROL D 3457 UPHILL TERRACE JACKSONVILLE, FL 32225</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> </tbody> </table>			10. OFFICERS AND DIRECTORS		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD MARTIN, CAROL D 3457 UPHILL TERRACE JACKSONVILLE, FL 32225	TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		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 118, 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 807, 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: <u>CAROL DEBEE MARTIN</u> <u>4-13-06</u> <u>(904) 743-5191</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #																

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05/02/06-80001-021 150.00

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IN THIS SPACE