# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 04, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # F99000041852

1. Entity Name
JACKSONVILLE COURT REPORTERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3457 UPHILL TERRACE<br>JACKSONVILLE, FL 32225 | 3457 UPHILL TERRACE<br>JACKSONVILLE, FL 32225 |

DO NOT WRITE IN THIS SPACE

06012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3575883
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, CAROL D
3457 UPHILL TERRACE
JACKSONVILLE, FL 32225

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS $150.00**
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSTD |
| NAME | MARTIN, CAROL D |
| STREET ADDRESS | 3457 UPHILL TERRACE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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06/04/07-80002-016 150.00

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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 CAROL DeBee MARTIN Carol D. Martin President 6-1-07 (904) 743-5791
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #