


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90046 017 ***150.00

DOCUMENT # P99000086882 1. Entity Name MORALES INVESTMENTS OF JACKSONVILLE, INC.					
Principal Place of Business 6950 PHILIPS HWY STE 15 JACKSONVILLE, FL 32216			Mailing Address 6950 PHILIPS HWY STE 15 JACKSONVILLE, FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3601740	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAX CO. 50 N LAURA ST. STE. 3300 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MORALES, RICARDO III <input type="checkbox"/> Delete 6950 PHILIPS HWY STE 15 JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, T. F III <input type="checkbox"/> Delete 6950 PHILIPS HWY STE 15 JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, MARCIA M <input type="checkbox"/> Delete 6950 PHILIPS HWY STE 15 JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOWARD, LAURENCE W III <input type="checkbox"/> Delete 6950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMMONS, JANETTE H <input type="checkbox"/> Delete 6950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: T. Fitch King, III, President 4/6/05 (904)296-3232 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					