2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000090973

1. Entity Name
L J LUMBER OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
6929 S. PHILLIPS PARKWAY DR. JACKSONVILLE, FL 32256-1565	6929 S. PHILLIPS PARKWAY DR. JACKSONVILLE, FL 32256-1565

DO NOT WRITE IN THIS SPACE

~UUJ0733

03142005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3601007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLAVIN, THOMAS P CPA
330 FIFTH AVE.
INDIALANTIC, FL 32903

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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 _____

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	P
NAME	JACOBSEN, LISA
STREET ADDRESS	6929 PHILLIPS PKYWY DR S
CITY-ST-ZIP	JACKSONVILLE, FL 322561565

TITLE	VP
NAME	JACOBSEN, JAMES
STREET ADDRESS	6929 PHILLIPS PKYWAY DRIVE S
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ James Jacobsen   4/19/05   904 8864743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #