

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90038 011 ***150.00

DOCUMENT # V03177

1. Entity Name

JAX OF FLORIDA, INC.



Principal Place of Business

1625 FIRST STREET EAST
BRADENTON FL 34208
US

Mailing Address

1625 FIRST STREET EAST
BRADENTON FL 34208
US

2. Principal Place of Business

3004 53RD AVENUE EAST

3. Mailing Address

3004 53RD AVENUE EAST

Suite Apt. #, etc.

100

Suite Apt. #, etc.

100

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

34203

Country

USA

Zip

34203

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3099074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCHMITT, THOMAS J.
4310 EDENROSE WAY
SARASOTA FL 34235

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHMITT, ANGELA M
STREET ADDRESS 5816 FAIRWAY LAKES DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE VPD ☐ Delete
NAME SCHMITT, JOHN C
STREET ADDRESS 5816 FAIRWAY LAKES DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE PSTD ☐ Delete
NAME SCHMITT, THOMAS J
STREET ADDRESS 4310 EDENROSE WAY
CITY-ST-ZIP SARASOTA FL 34235-2211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Thomas J. Schmitt

THOMAS J. SCHMITT

1/24/05

941-752-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #