


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 018 ***150.00

DOCUMENT # P01000090533

1. Entity Name
INCEPTURE, INC.




Principal Place of Business Mailing Address
532 RIVERSIDE AVE. **532 RIVERSIDE AVE.**
JACKSONVILLE, FL **JACKSONVILLE, FL**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3720231 Not Applicable

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

6. Name and Address of Current Registered Agent

MCGOWAN, MARK S
4800 DEERWOOD CAMPUS PKWY.
JACKSONVILLE, FL 32246-8273

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDEMAN, DONALD M			NAME			
STREET ADDRESS	8381 DIX ELLIS TRAIL STE 105			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONALD, DEANNA			NAME			
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-6			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'REILLY, BARRY			NAME			
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 600-3			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGOWAN, MARK S			NAME			
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-7			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DARNELL			NAME			
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 400-2			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Mark S. McGowan* **Mark S. McGowan** **April 12, 2007** **(904) 905-6570**

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

ATTACHMENT
40072209

2007 FOR PROFIT CORPORATION ANNUAL REPORT
 DOCUMENT # P01000090533
 INCEPTURE, INC.
 (CONTINUATION SHEET)

#P01000090533

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, MICHAEL 532 RIVERSIDE AVENUE, 20T JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOLLY, AREZOU C 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C & CEO LORD, CURTIS W 532 RIVERSIDE AVE., 20T JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EKH, JEANNETTE 4800 DEERWOOD CAMPUS PKY 100-8 JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARAMBOURE, DIANA 8381 DIX ELLIS TRAIL JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERNIE FRANKLIN, JR. 4800 DEERWOOD CAMPUS PKWY 600-4 JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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