2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# P04000022316

Entity Name: MONTECITO ANASTASIA ISLAND, INC.

Current Principal Place of Business:

7785 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE, FL 32256 0

New Principal Place of Business:

7785 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE, FL 32256

Current Mailing Address:

7785 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE, FL 32256 0

New Mailing Address:

7785 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE, FL 32256

FEI Number: 20-0681906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, DOUGLAS R
10739 DEERWOOD PARK BLVD.
SUITE 200A
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ROGERS, WILLIAM S JR.
7785 BAYMEADOWS WAY, STE 200
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: WILLIAM S. ROGERS, JR. 03/06/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONK, EDWARD W
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: CONK, JOELLYN
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: CONK, CHRISTOPHER
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete
Name: ROGERS, BILL
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete
Name: PORTER, JIM
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete
Name: LONG, JAN
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CONK, EDWARD W
Address: 820 STATE STREET, STE 303
City-St-Zip: SANTA BARBARA, CA 93101

Title: D (X) Change ( ) Addition
Name: CONK, JOELLYN
Address: 820 STATE STREET, STE 303
City-St-Zip: SANTA BARBARA, CA 93101

Title: D (X) Change ( ) Addition
Name: CONK, CHRISTOPHER
Address: 820 STATE STREET, STE 303
City-St-Zip: SANTA BARBARA, CA 93101

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM PORTER VP 03/06/2008
Electronic Signature of Signing Officer or Director Date