

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087629

FILED
Apr 30, 2008
Secretary of State

Entity Name: PILLAR TO POST OF JAX CORPORATION

Current Principal Place of Business:

10920 BAYMEADOWS ROAD
SUITE 27
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10920 BAYMEADOWS ROAD
SUITE 27
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-5109086 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EDWARDS, MABRY JR.
129 PARKSIDE DRIVE
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: EDWARDS, TRACY L
Address: 7801 POINT MEADOWS DRIVE # 6108
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: CFO () Delete
Name: EDWARDS, MABRY JR.
Address: 129 PARKSIDE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TRACY L. EDWARDS

P/D

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date