


**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90185 043 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # P06000151435</b>   |  |                                    |   |
| 1. Entity Name<br><b>JACKSONVILLE 48, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>11050 HARTS RD UNIT 401<br/>JACKSONVILLE, FL 32218</b>   |  | Mailing Address<br><b>11050 HARTS RD UNIT 401<br/>JACKSONVILLE, FL 32218</b>  |   |
| 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   |
| 6. Name and Address of Current Registered Agent<br><b>GRIMBALL, WILLIE<br/>11050 HARTS RD UNIT 401<br/>JACKSONVILLE, FL 32218</b>  |  | 7. Name and Address of New Registered Agent   |   |
| Name   |  | Name  |   |
| Street Address (P.O. Box Number is Not Acceptable)   |  | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE  | P <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>GRIMBALL, WILLIE</b>                          | NAME  |   |
| STREET ADDRESS   | <b>11050 HARTS RD UNIT 401</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | <b>JACKSONVILLE, FL 32218</b>                    | CITY-ST-ZIP   |   |
| TITLE  | <b>SECRETARY</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>PATRICIA SMOCKLEY</b>                         | NAME  |   |
| STREET ADDRESS   | <b>7478 STILTS RD</b>                            | STREET ADDRESS  |   |
| CITY-ST-ZIP  | <b>JACKSONVILLE, FL 32210</b>                    | CITY-ST-ZIP   |   |
| TITLE  | <b>CFO</b> <input type="checkbox"/> Delete       | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>DIANNE GENTRY</b>                             | NAME  |   |
| STREET ADDRESS   | <b>3928 TOLDO RD #I</b>                          | STREET ADDRESS  |   |
| CITY-ST-ZIP  | <b>JACKSONVILLE FL 32217</b>                     | 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   |   |
| 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: <i>Willie Grimball</i>  |  | Date: <b>4/24/07</b> Daytime Phone #: <b>904-238-1501</b>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #  |   |

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04132007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5681622** Applied For  Not Applicable

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