


FILED
May 16, 2008 8:00 am
Secretary of State

04-25-2008 90134 017 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000006883		
1. Entity Name GBLJ, INC.		
Principal Place of Business 4584 193RD DRIVE LIVE OAK, FL 32060		Mailing Address 4584 193RD DRIVE LIVE OAK, FL 32060
1050 Preakness Ct. Jacksonville, FL 32218		1050 Preakness Ct. Jacksonville, FL 32218
2. Principal Place of Business - No P.O. Box # 1050 Preakness Ct. Jacksonville, FL 32218		3. Mailing Address 1050 Preakness Ct. Jacksonville, FL 32218
City & State Jacksonville, FL 32218		City & State Jacksonville, FL 32218
Zip 32218		Country DUVAL
4. FFI Number 33-1156833		Applying For Not Applicable
5. Certificate of Status Lic-rea		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THOMPSON, JEANETTE 4584 193RD DRIVE LIVE OAK, FL 32060		7. Name and Address of New Registered Agent
1050 Preakness Ct. Jacksonville, FL 32218		Name
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)
City Jacksonville		City FL
Zip Code 32218		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 certifying, with and accept the obligations of registered agent.		
SIGNATURE <i>Jeanette M. Thompson</i>		DATE 5-13-08
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MESSER, LAWRENCE 12391 CASHEROS COVE DRIVE, SOUTH JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON JEANETTE 4584 193RD DRIVE LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSER BRYAN 550 ROBLES LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSER GARIELA 550 ROBLES LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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>Jeanette M. Thompson</i> Director		4/22/08 904-757-2605