
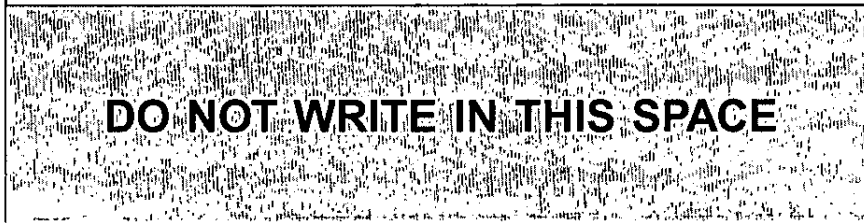


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000076169 1. Entity Name ARMSDALE ROAD DEVELOPMENT, INC.	
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Principal Place of Business 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667 US	Mailing Address 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667 US
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04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3469571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOKES, E CHESTER JR
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224



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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STOKES, E C JR
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY-ST-ZIP	JACKSONVILLE, FL 322249667
TITLE	DV
NAME	PUTNAL, JAMES E
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY-ST-ZIP	JACKSONVILLE, FL 322249667
TITLE	V
NAME	BRAREN, MICHAEL E
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY-ST-ZIP	JACKSONVILLE, FL 322249667
TITLE	VT
NAME	FREDENHAGEN, SHARON W
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY-ST-ZIP	JACKSONVILLE, FL 322249667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  **4/30/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #