


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P98000104190

1. Entity Name
MLOP II, INC.




Principal Place of Business Mailing Address
4315 PABLO OAKS COURT, STE. 1 **4315 PABLO OAKS COURT, STE. 1**
JACKSONVILLE, FL 32224-9667 **JACKSONVILLE, FL 32224-9667**

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



01292008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3548397 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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 _____ DATE _____

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP STOKES, E. CHESTER 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUNKEL, JOHN C 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAREN, MICHAEL E 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLZ, F LOGAN 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLM, MALLORY G 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000855762 03/27/08-80064-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sharon W. Fredenhagen **SHARON W. FREDENHAGEN** Date: 2/25/08 Daytime Phone #: 904-482-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR