

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 26, 2008 8:00 am**  
**Secretary of State**

06-26-2008 90001 047 \*\*\*550.00



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**DOCUMENT # P07000019723**  
 1. Entity Name  
**SCOTT R. ELLERIN, PA**

Principal Place of Business      Mailing Address  
 3589 LONE TREE LANE      3589 LONE TREE LANE  
 JACKSONVILLE, FL 32216 US      JACKSONVILLE, FL 32216 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**6279 Dupont Station Court**      **3589 Lone Tree Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite C**      **3**

City & State      City & State  
**Jacksonville, Florida**      **Jacksonville, Florida**

Zip      Country      Zip      Country  
**32217**      **USA**      **32216**      **USA**

06242008      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
**20-8438860**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 ELLERIN, SCOTT R  
 3589 LONE TREE LANE  
 JACKSONVILLE, FL 32216

**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: **6-24-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 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	ELLERIN, SCOTT R	NAME	
STREET ADDRESS	3589 LONE TREE LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	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	
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:**      Date: **6-24-08**      Daytime Phone #: **904-636-9901**  
Signature and typed or printed name of signing officer or director