

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 273558

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: FRTL, INC.

**Current Principal Place of Business:**

1801 ART MUSEUM DR  
SUITE 300  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1801 ART MUSEUM DR  
SUITE 300  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 59-1083647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN LANDINGHAM, RAY M.  
1801 ART MUSEUM DRIVE  
SUITE 300  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: ANDERSON, JOHN E,  
Address: 1801 ART MUSEUM DR  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete  
Name: MABBETT, JOHN R III  
Address: 1801 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete  
Name: VAN LANDINGHAM, RAY M  
Address: 1801 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VS ( ) Delete  
Name: SANDLIN, ROBERT E  
Address: 1801 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDC (X) Change ( ) Addition  
Name: BAKER, JOHN D II  
Address: 1801 ART MUSEUM DR  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C ( ) Change (X) Addition  
Name: KLOPFENSTEIN, JOHN D  
Address: 1801 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY M. VAN LANDINGHAM

TD

02/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date