2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 AN Secretary of State

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1. Entity Name

F & H OF JACKSONVILLE, INC.



Principal Place of	Business:
337-E-FORSYTH	ST ****
JACKSONVILLE, F	

Mailing Address

337 E. FORSYTH ST. JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1085874

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MADISON, BAKER W 337 E. FORSYTH ST. JACKSONVILLE, FL 32202 DO NOT WRITE IN THIS SPACE

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 renstating) DATE								
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fine Trust Fund Contribution		14 **				
10.	OFFICERS AND DIREC	OTORS	State of the state					
NAME STREET ADDRESS CITY-ST-ZIP	PSTD MADISON, BAKER W 337 E. FORSYTH ST. JACKSONVILLE, FL 32202			Upo000800971				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADISON, BAKER W 337 E. FORSYTH ST. JACKSONVILLE, FL 32202			01/31/08-80039-013 150.00				
TITLE NAME . STREET ADDRESS : CITY-S1-ZIP			DO	NOT WRITE				
TITLE . NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby o	certify that the information supplied with this fi	iling does not qualify for the e	exemptions contained in Chapter 119	9, Florida Statutes. I further certify that the information				

Table of the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Horida 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:

B-4 --

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.23.08

904) 355,4549

Daytime Phone (