

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90027 035 \*\*\*150.00

**DOCUMENT # 296763**

1. Entity Name

CARDINAL INVESTMENT COMPANY



Principal Place of Business

1909 SALT MYRTLE LANE  
ORANGE PARK FL 32003

Mailing Address

1909 SALT MYRTLE LANE  
ORANGE PARK FL 32003



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

4. FEI Number

59-6081932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEEFE, KENNETH  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE FL 32202

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

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**

**Make Check Payable to Florida Department of State**

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 V ☐ Delete  
NAME PACE, J.M. JR.  
STREET ADDRESS 1909 SALT MYRTLE LANE  
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE V ☒ Change ☐ Addition  
NAME J.H. PACE JR.  
STREET ADDRESS 1909 SALT MYRTLE LANE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE ST ☐ Delete  
NAME PACE, B.B.  
STREET ADDRESS 1909 SALT MYRTLE LANE  
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE ST ☒ Change ☐ Addition  
NAME G.B. PACE  
STREET ADDRESS 1909 SALT MYRTLE LANE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE PD ☐ Delete  
NAME PACE, T.W.  
STREET ADDRESS 1909 SALT MYRTLE LANE  
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AST ☐ Delete  
NAME HARRISON, M.R.  
STREET ADDRESS 1909 SALT MYRTLE LN  
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE V ☒ Change ☐ Addition  
NAME M. R. HARRISON  
STREET ADDRESS 1909 SALT MYRTLE LANE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #