2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # 424624** 1. Entity Name FLORIDA DETAILERS, INCORPORATED Principal Place of Business Mailing Address 2821 D BOLTON RD ORANGE PARK FL 32073 PO BOX 656 ORANGE PARK FL 32067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Surle, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Numbei Applied For 59-1466607 Not Applicable Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAXWELL, RONALD Street Addrecs (P.O. Box Number is Not Acceptable) 3100 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL City 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 heartholding stored agent annothe if applicable. fROTE. Registered Again to grature required when remembings DATE FILE NOW!!! FEE IS \$150.00 9. Etection Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. U00000883157 □ Change | 04/16/08-80069-019 150.00 TITLE TITLE Derete CRAVEN, HAROLD G. NAME NAME STREET ADDRESS 2745 BROOKWOOD DRIVE STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP CiTY - ST- ZIP ٧S De ele ☐ Change Addition TITLE CRAVEN, FRANCES E. NAME STREET ADDRESS 2745 BROOKWOOD DRIVE STREE* ADDRESS CITY-ST-7IP ORANGE PARK FL CITY - ST - ZIP IIILE De ete □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ De ete THILE Change ■ Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- (IP ☐ Change Addition TITLE De ete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

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SIGNATURE TRANS E CRANES E. CRANEN 4-4-08 904-272-03/5

12. Thereby 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 roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if inade 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.