

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 543587

FILED
Jan 30, 2009
Secretary of State

Entity Name: CAPITAL ANALYSTS OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

8160 BAYMEADOWS WAY, WEST, SUITE #310
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8160 BAYMEADOWS WAY, WEST, SUITE #310
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-1760717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGIER, R. BRUCE
8160 BAYMEADOWS WAY, WEST, SUITE #310
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

OGIER, R. BRUCE
8160 BAYMEADOWS WAY, WEST, SUITE #310
JACKSONVILLE, FL 32256 US

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: R. BRUCE OGIER

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OGIER, R. BRUCE,
Address: 8160 BAYMEADOWS WAY #310
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: MOURO, MARK A
Address: 8160 BAYMEADOWS WAY #310
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: BORDELON, SHERYL P
Address: 8160 BAYMEADOWS WAY #310
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: HALL, MILDRED E
Address: 8160 BAYMEADOWS WAY WEST, SUITE 310
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OGIER, R. BRUCE
Address: 8160 BAYMEADOWS WAY #310
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD (X) Change () Addition
Name: MOURO, MARK A
Address: 8160 BAYMEADOWS WAY #310
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Change () Addition
Name: BORDELON, SHERYL P
Address: 8160 BAYMEADOWS WAY #310
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Change () Addition
Name: HALL, MILDRED E
Address: 8160 BAYMEADOWS WAY WEST, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32256

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: R. BRUCE OGIER

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date