

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597746

FILED
Mar 29, 2007
Secretary of State

Entity Name: THE STENOTYPE INSTITUTE OF JACKSONVILLE, INC.

Current Principal Place of Business:

3986 BLVD CENTER DR
STE 200 BLDG 1200
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3986 BLVD CENTER DR
STE 200 BLDG 1200
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-1871118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILEY, GLORIA J
3986 BLVD CENTER DR
STE 200 BLDG 1200
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: P () Delete
Name: WILEY, GLORIA J
Address: 7885 VALLEY VIEW TRAIL
City-St-Zip: MACCLENNY, FL 32063

Title: V () Delete
Name: WILEY II, ROBERT G
Address: 7885 VALLEY VIEW TRAIL
City-St-Zip: MACCLENNY, FL 32063

Title: S () Delete
Name: TURNER, JENNIFER L
Address: 7723 NORTH COURT
City-St-Zip: MACCLENNY, FL 32063

Title: T () Delete
Name: WILEY, TRAVIS L
Address: 7885 VALLEY VIEW TRAIL
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GLORIA JEAN WILEY

P

03/29/2007

Electronic Signature of Signing Officer or Director

_____ Date