## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 18, 2007 8:00 am Secretary of State **DOCUMENT #602924** 04-18-2007 90149 050 \*\*\*150.00 COFFMAN, COLEMAN, ANDREWS & GROGAN, PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 40000\*1~ 800 WEST MONROE STREET P.O. BOX 40089 JACKSONVILLE, FL 32203 US JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04122007 CR2E034 (12/06) Chq-P Applied For 4 FEI Number City & State City & State 59-1351084 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLEMAN, PATRICK D. Street Address (P.O. Box Number is Not Acceptable) 800 WEST MONROE STREET JACKSONVILLE, FL 32202 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 sophosible. (NOTE: Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition ☐ Delete TITLE Change THILE michael G. Prendergast 800 West monroe Street GROGAN, MICHAEL K NAME NAME 800 WEST MONROE STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32202 CHY-SI-ZIP CITY-ST-ZIP Jacksonville, FL 32202 ☐ Delete ☐ Change **▼** Addition TITLE Heather Alowen 800 West Monroe Street NAME ANDREWS, WILLIAM H NAME 800 WEST MONROE STREET STREET ADDRESS STREET ADDRESS Jacksonville fl 32202 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP Addition TITLE ☐ Delete HILE ☐ Change COLEMAN, PATRICK D NAME Jeffrey P. Watson 800 West Monroe street NAME STREET ADDRESS 800 WEST MONROE STREET STREET ADDRESS CHY-SI-ZIP JACKSONVILLE, FL 32202 CHY-ST-ZIP Jacksonville, FL 32202 ☐ Delete ☐ Change Addition RIEGEL, ROBERT G JR MAME 800 WEST MONROE STREET STREET ADDRESS STREET ADDRESS CHY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP ☐ Delete 1111.1 ☐ Change Addition STRONG, TIMOTHY B NAME STREET ADDRESS 800 WEST MONROE STREET STREET ADDRESS JACKSONVILLE, FL 32202 CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Dalete TITLE Addition HOLSHOUSER, ERIC J NAME 800 WEST MONROE STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-2(P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reporter 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 attact/ment with an address, with all other like empowered. 904-389-5161 alul SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR