2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 625969

FILED Feb 24, 2009 Secretary of State

Entity Name: JACKSONVILLE SPECIALTY ADVERTISING, INC.

Current P	rincipal Plac	e of Business:	New Principal Place	of Business:
	ANTIC BLVD VILLE, FL 32	207		
Current Mailing Address:		New Mailing Address:		
	ANTIC BLVD VILLE, FL 32	207		
El Number	: 59-1927492	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
620 AUG	N, SCOTT E ONQUIN AVE			
ACKSON	VILLE, FL 32	210 US		
he above	VILLE, FL 32		purpose of changing its registere	ed office or registered agent, or both,
he above	VILLE, FL 32 named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
he above the State	VILLE, FL 32 named entity of Florida. RE:			ed office or registered agent, or both, Date
he above the State	VILLE, FL 32 named entity of Florida. RE: Electro	submits this statement for the		
The above the State SIGNATUI	VILLE, FL 32 named entity of Florida. RE: Electro	submits this statement for the nic Signature of Registered Aggrust Fund Contribution ().	rent	
The above the State SIGNATUI	named entity of Florida. RE: Electro mpaign Financir S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). CTORS:) Delete COTT E C BLVD.	rent	Date
The above the State SIGNATUING Care Care Care Care Care Care Care Care	named entity of Florida. RE: Electro mpaign Financir S AND DIRECTO PD (PETERSEN, S 2727 ATLANTI JACKSONVILL	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). STORS:) Delete COTT E C BLVD. E, FL 32207) Delete C, CAROL CK STREET	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: SCOTT PETERSEN PD 02/24/2009