

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686853

FILED  
Feb 15, 2007  
Secretary of State

Entity Name: TAB OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

7529 SALISBURY ROAD  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551467  
JACKSONVILLE, FL 322551467 US

**New Mailing Address:**

FEI Number: 59-2209268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DR,  
SUITE 1200  
JACKSONVILLE, FL 32202 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: CHRISTIAN M COX

02/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: BOBECK, CLIFFORD J  
Address: P.O. BOX 551467  
City-St-Zip: JACKSONVILLE, FL 322551467 US

Title: PD ( ) Delete  
Name: BOBECK, CANDICE E  
Address: P.O. BOX 551467  
City-St-Zip: JACKSONVILLE, FL 322551467 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CLIFFORD J BOBECK

STD

02/15/2007

Electronic Signature of Signing Officer or Director

Date