## **2008 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## FILED Apr 29, 2008 8:00 am

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1. Entity Nam	MENT # 714162 ACKSONVILLE, INC.					1-29-2008 9	•		
Principal Plac 4250 LAKES 300 JACKSONVILL		Mailing Address 4250 LAKESIDE DR 300 JACKSONVILLE, FL 322	10		100000000000000000000000000000000000000	8 X8    B 8	I BIBIH BIBIH B\BI	AIRI( AIRIY SIE(I	1 <b>8) 8) 181</b> )
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	. Mailing Address						
Suite, Apf. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03242008 Cr	hg-NP	CR2E037	7 (12/06)	
City & State		City & State	City & State		4. FEI Number Applied For 23-7024899 Not Applicable				
Zip Country		Zip	Country		5. Certificate of St	tatus Desired		8.75 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and Add	Iress of New R	legistered A	gent	
HOLSHOUSER, ERIC J.			Name						
	MONROE ST VILLE, FL 32202		Street A	ddress (F	P.O. Box Number is Not Acceptable)				
07.01.001.	···, ·								
			City				FL	Zip Code	,
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office or	registere	ed agent, or both, in	the State of Flo	orida. ∣am fa	amiliar with, a	and accept
	Standaure typed or printed name of registered even	and title if applicable /NOTE:	Renietered Ament cinnate	us required a	when reinstation)		DATE		
	Signature, typed or printed name of registered agen	···	Registered Agent signatu	ure required s	when reinstating)		DATE		···
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be Added to Fees	1	DATE lake check rida Departi		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	□A	\$5.00 May Be	Flor	lake check rida Departi	ment of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing antribution.		\$5.00 May Be Added to Fees	Flor	lake check rida Departr	ment of St	ate
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12. I hereby 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 receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAP OFFICER OR DIRECTOR

(904)807 B22

Daytime Phone #