
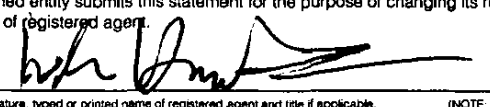
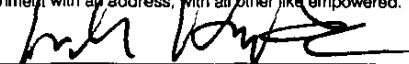


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90175 036 \*\*\*\*61.25

<b>DOCUMENT # 735457</b> 1. Entity Name <b>THE PROFESSIONAL AND BUSINESSMEN'S ASSOCIATION OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>2427 JOSE CIRCLE NORTH JACKSONVILLE, FL 32217 US</b>			Mailing Address <b>P.O. BOX 83 ORTEGA STATION JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business - No P.O. Box # <b>818 Canal St</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Jax FL</b>		City & State Suite, Apt. #, etc.			
Zip <b>32209</b>		Country <b>US</b>		4. FEI Number <b>59-1696487</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DEIGHAN, MELANIE C 2427 JOSE CIRCLE NORTH JACKSONVILLE, FL 32217</b>			7. Name and Address of New Registered Agent Name <b>Wade MCK. Hampton</b> Street Address (P.O. Box Number is Not Acceptable) <b>10110 San Jose Blvd</b> City <b>Jax FL</b> <b>FL</b> Zip Code <b>32251</b>		
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 				DATE <b>4/11/07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBD SHELLY, MADISON 4260 YACHT CLUB RD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Shelly, Madison 4260 Yacht Club Rd Jax FL 32210
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBD GRIFFIN, KIRBY 4819 ALGONQUIN AVE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDBD Griffin, Kirby 4819 Algonquin Ave Jax FL 32210
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBD HAMPTON, WYCKE 4411 MILAM RD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBD Hampton, Wyck Wade MCK. 4411 Milam Rd Jax FL 32210
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBD BLANTON, HUGH 1846 MARGARET ST JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBD Blanton, Hugh 1846 Margaret St. #6B Jax FL 32204
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD CONOLLY, ROB 4815 ARAPAHOE JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBD Eller, Stockton 4304 Galileo Ave Jax FL 32210
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 				Date <b>4/11/07</b> 904-8268-7227	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					