


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 842957 1. Entity Name JORDAN, JONES & GOULDING, INC.					
Principal Place of Business 3300 PGA BLVD 605 PALM BEACH GARDENS, FL 33410			Mailing Address 6801 GOVERNORS LAKE PARKWAY SUITE 200 NORCROSS, GA 30071		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-0907412	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOBLISCH, WALTER C 8513 LEGEND CLUB DR WEST PALM BEACH, FL 33412				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ALLEN, DONALD R. 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOULDING, RANDOLPH 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHA CLARK, EDWARD A 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BUTTON, CHARLES A 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BERLIN, SHIRLEY B 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIN, MACK R ASS VP 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000948509 06/02/08-80056-010 150.00 </div>				
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 607, 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: <u><i>Shirley Berlin</i></u> 4-29-08 770-455-8555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					