
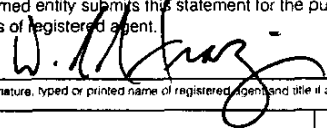
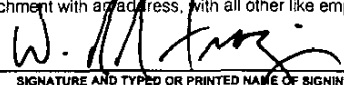


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 050 ***150.00

DOCUMENT # F20426 1. Entity Name FRAZIER & FRAZIER, ATTORNEYS AT LAW, P.A.					
Principal Place of Business 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204			Mailing Address 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2056064	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, WILLIAM R 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name W. Robinson Frazier Street Address (P.O. Box Number is Not Acceptable) 1515 Riverside Avenue, Suite A City Jacksonville FL Zip Code 32204		
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 1-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	S ROBINSON, FRAZIER W. 3420 PINE STREET JACKSONVILLE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRAZIER, WILLIAM R 1515 RIVERSIDE AVE JACKSONVILLE, FL 0.		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAZIER, W ROBINSON 1515 RIVERSIDE AVENUE, SUITE A JACKSONVILLE, FL 32204		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FRAZIER, ROBINSON W 1515 RIVERSIDE AVENUE, SUITE A JACKSONVILLE, FL 32204		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			1-8-08 (904) 353-5616		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: W. Robinson Frazier, Pres. Date Daytime Phone #					