2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # F68614** 04-19-2007 90412 010 ***150.00 PAPPAS METCALF JENKS & MILLER, PROFESSIONAL **ASSOCIATION** գյաս - -Principal Place of Business Mailing Address 245 RIVERSIDE AVE 245 RIVERSIDE AVE **STE 400** STE 400 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2160992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAPPAS, M. LYNN 245 RIVERSIDE AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** JACKSONVILLE, FL 32202-4327 City Zip Code FL 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 Signature, typed or orinted name of registered agent and title if applicable (NOTE: Registered Agent algnature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. Change Addition TITLE Delete TITLE JOHN G. METCALF GREENHUT, STEVEN B NAME NAME 245 RIVERSIDE AVE SUITE 400 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-73P JACKSONVILLE, FL 32202 ☐ Delete TITLE Change Addition TITLE M. LYNN PAPPAS JENKS THOMAS M. NAME NAME 245 RIVERSIDE AVE SUITE 400 STREET ADDRESS 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition THOMAS M. JENKS 245 RIVERSIDE AVE SHITE 400 TJOFLAT, MARCIA PARKER NAME NAME STREET ADDRESS 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition MLE ☐ Delete TITLE FRANK E. MILLER 245 RIVERSIDE AVE SUITE 400 MILLER, FRANK E NAME NAME 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP ROBERT A. LEAPLEY #JR A Change 245 RIVERSIDE AVE SUITE 400 ■ Addition Delete TITLE TITLE PAPPAS, M LYNN NAME NAME STREET ADDRESS 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS JACKSONYILLE, FL 32202 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP Change ☐ Delete ■ Addition TITLE TITLE MARCIA PARKER TJOFAT NAME LEAPLEY, ROBERT A JR. 145 RIVERGIDE AVE BUITE 400 STREET ADDRESS 245 RIVERSIDE AVE. SUITE 400 STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP CITY-ST-7IP JACKGONVILLE, FL 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.

THOMAS M. JENKS

APRIL 12 , 2007 901-353-1980
Destrict Destrict Phone #

FILED

ATTACHMENT

2007 FOR PROFIT CORPORATION

ANNUAL REPORT										
1. Entity Nam	MENT # F68614 METCALF JENKS & MILLER					29	62			
Principal Place of Business 245 RIVERSIDE AVE STE 400 JACKSONVILLE, FL 32202 US		Mailing Address 245 RIVERSIDE AVE STE 400 JACKSONVILLE, FL 32202 US			He	24 0071	74			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			7					
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		٥	4122007	Chg-P	CR2E03	34 (12/06)		
City & State		City & State		4.	FEI Number 59-2160			<u> </u>	plied For t Applicable	
Zip Country		Zip C	Country	5.	Certificate o	of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent				
PAPPAS, M. LYNN 245 RIVERSIDE AVENUE SUITE 400			Name Street Address (P.O. Box Number is Not Acceptable)							
	VILLE, FL 32202-4327									
0,10110011	Tierry, i.e. ozeoz toe.			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										
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10.	OFFICERS AND D	DIRECTORS	11,	Α	DDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
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