

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90412 010 ***150.00

DOCUMENT # F68614 1. Entity Name PAPPAS METCALF JENKS & MILLER, PROFESSIONAL ASSOCIATION					
Principal Place of Business 245 RIVERSIDE AVE STE 400 JACKSONVILLE, FL 32202 US			Mailing Address 245 RIVERSIDE AVE STE 400 JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2160992 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, M. LYNN 245 RIVERSIDE AVENUE SUITE 400 JACKSONVILLE, FL 32202-4327				7. Name and Address of New Registered Agent 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, 2007 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	D GREENHUT, STEVEN B 245 RIVERSIDE AVE, SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN G. METCALF 245 RIVERSIDE AVE SUITE 400 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENKS, THOMAS M. 245 RIVERSIDE AVE. SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V M. LYNN PAPPAS 245 RIVERSIDE AVE SUITE 400 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TJOFLAT, MARCIA PARKER 245 RIVERSIDE AVE. SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS M. JENKS 245 RIVERSIDE AVE, SUITE 400 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MILLER, FRANK E 245 RIVERSIDE AVE. SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK E. MILLER 245 RIVERSIDE AVE SUITE 400 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAPPAS, M LYNN 245 RIVERSIDE AVE. SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERT A. LEAPLEY, JR 245 RIVERSIDE AVE SUITE 400 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAPLEY, ROBERT A JR. 245 RIVERSIDE AVE. SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCIA PARKER TJOFLAT 245 RIVERSIDE AVE SUITE 400 JACKSONVILLE, FL 32202	<input checked="" 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			APRIL 12, 2007 904-353-1980 Date Daytime Phone #		

ATTACHMENT

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City & State		City & State	
Zip	Country	Zip	Country
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENKS, THOMAS M. 245 RIVERSIDE AVE. SUITE 400 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition G. TODD COTTRILL 245 RIVERSIDE AVE, SUITE 400 JACKSONVILLE, FL 32202
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SIGNATURE: <u>THOMAS M. JENKS</u>		Date: <u>APRIL 12, 2007</u> Daytime Phone #: <u>904-353-1980</u>	