


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F98000004958 1. Entity Name M.A.I.L. OF JACKSONVILLE, INC.	
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Principal Place of Business 6002 BOWDENDALE AVE JACKSONVILLE, FL 32216	Mailing Address P O BOX 5685 LAFAYETTE, IN 47903
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**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2052508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ROBBINS, TYSON A 3700 GOLDEN REEDS LANE APT 14 JACKSONVILLE, FL 32216	<b>DO NOT WRITE IN THIS SPACE</b>
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 04/22/08-80074-017 150.00
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ROBBINS, TYSON A 3700 GOLDEN REEDS LANE JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC ROBBINS, MISTY D 526 N EARL AVE LAFAYETTE, IN 47904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ROBBINS, RONALD R 526 N EARL AVE LAFAYETTE, IN 47903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELTON, RON 526 N EARL AVE LAFAYETTE, IN 47904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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>Ronald Robbins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/7/08</u> (765) 448-4222 <small>Daytime Phone #</small>