


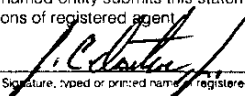

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 006 ***150.00

DUPLICATE



DOCUMENT # G41530			
1. Entity Name DEMETREE BROTHERS, INC.			
Principal Place of Business P.O. BOX 47050 JACKSONVILLE, FL 32247-7050		Mailing Address P.O. BOX 47050 JACKSONVILLE, FL 32247-7050	
2. Principal Place of Business - No P.O. Box # 1551 Atlantic Blvd.		3. Mailing Address	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32207	Country	Zip	Country
6. Name and Address of Current Registered Agent DEMETREE, JACK C., JR. 3740 BEACH BLVD. SUITE 300 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name: Demetree, Jack C., Jr. Street Address (P.O. Box Number is Not Acceptable): 1551 Atlantic Blvd., Suite 300 City: Jacksonville FL Zip Code: 32207	
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: 4/28/08	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	VSD DEMETREE, MARK C 3740 BEACH BLVD #300 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Demetree, Mark C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DEMETREE, J. C., JR. 3740 BEACH BLVD #300 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Demetree, J. C., Jr. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DEMETREE, JACK C. 3740 BEACH BLVD. #300 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Demetree, Jack C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEMETREE, CHRISTOPHER C. 3740 BEACH BLVD #300 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Demetree, Christopher C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DUNN, M. HARRIS 3740 BEACH BLVD #300 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dunn, M. Harris 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		DATE: 4/28/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		704 398 7350	
		Daytime Phone #	