2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# J31955

Entity Name: PRIVETT & ASSOC. OF FLORIDA, INC.

Current Principal Place of Business:

2732 TOWNSEND BLVD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

2732 TOWNSEND BLVD.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-2720079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIVETT, PARK D., JR.
11449 LAUREL GREENWAY NORTH
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: PRIVETT, PARK D., JR, .
Address: 11449 LAUREL GREEN WAY NORTH
City-St-Zip: JACKKSONVILLE, FL 32225

Title: SV ( ) Delete
Name: CALDERALA, JAYMEE
Address: 613 DONALD ROSS WAY
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: V ( ) Delete
Name: JAMES, JOHN M.,
Address: 2185 LONGLY GREEN CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Delete
Name: BAUMGARTNER, GREGORY J
Address: 5443 FLORAL BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SV (X) Change ( ) Addition
Name: CROKER, CATHRIN T
Address: 5530 FLORAL BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHRIN T. CROKER SV 10/10/2007

Electronic Signature of Signing Officer or Director — Date