


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90039 022 \*\*\*150.00

<b>DOCUMENT # J44103</b>	
1. Entity Name H. A. YEARGIN & ASSOCIATES, INC.	

Principal Place of Business 268 SWEETBRIAR BRANCH LANE JACKSONVILLE, FL 32259 US	Mailing Address 268 SWEETBRIAR BRANCH LANE JACKSONVILLE, FL 32259 US
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DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2748264	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

YEARGIN, ALICE A  
 268 SWEETBRIAR BRANCH LANE  
 JACKSONVILLE, FL 32259

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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: Alice A. Yeargin Alice A Yeargin 1-19-08  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YEARGIN, ALICE A 268 SWEETBRIAR BRANCH LANE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YEARGIN, H A SR 268 SWEETBRIAR BRANCH LANE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARGIN, DAVID W 8736 MAPLE HOLLOW CT GRANITE BAY, CA 95746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARGIN, M SCOTT 7990 Bay Meadows Rd E JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: H.A. Yeargin Pres. 1-19-08 904-230-1783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #