

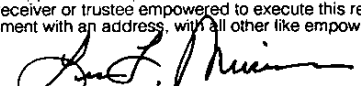


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90058 035 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # J51897</b><br>1. Entity Name<br><b>DALE, BALD, SHOWALTER, MERCIER &amp; GREEN, P.A.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>DALE, BALD, SHOWALTER &amp; MERCIER, PA</b><br><b>200 W. FORSYTH ST, STE 1100</b><br><b>JACKSONVILLE, FL 32202 US</b>  |  |   | Mailing Address<br><b>DALE, BALD, SHOWALTER &amp; MERCIER, PA</b><br><b>200 W. FORSYTH ST, STE 1100</b><br><b>JACKSONVILLE, FL 32202-4308 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                           |  |    |  |
| 02052008      Chg-P      CR2E034 (12/06)   |  |   |  | 4. FEI Number<br><b>59-2756350</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DALE, HOWARD L.</b><br><b>200 W. FORSYTH ST., STE. 1100</b><br><b>JACKSONVILLE, FL 32202-4308</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>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   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>DALE, HOWARD L.<br>1117 PALMER TERRACE<br>JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Green, Mark M.<br>2952 Forest Circle<br>Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>BALD, WILLIAM A.<br>1157 JAMAICA ROAD WEST<br>JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change      Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DAS<br>SHOWALTER, RUSSELL H JR<br>32 SARAGOSSA ST<br>ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change      Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AS<br>CANDETO, MICHAEL A<br>10135 GATE PARKWAY N #1512<br>JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Candeto, Michael<br>2054 Riverside Ave., # 2308<br>Jacksonville, FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>MERCIER, LEE F.<br>1956 LARGO PLACE<br>JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change      Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AS<br>SAIEG, JULIE A<br>1410 MONTICELLO ROAD<br>JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change      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:  <b>LEE F. MERCIER, V.P.</b> 2-5-08      (404) 355-1155  |  |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  |  |   |  |  |  |