
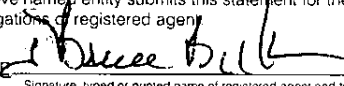
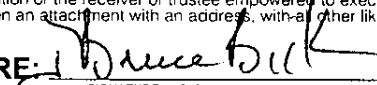


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90041 011 ***150.00

DOCUMENT # J84463 1. Entity Name J. BRUCE BICKNER, P.A.					
Principal Place of Business 1406 KINGSLEY AVENUE STE E ORANGE PARK, FL 32073 US			Mailing Address 1406 KINGSLEY AVENUE ORANGE PARK, FL 32073 US		
2. Principal Place of Business - No P.O. Box # 3383 Olympic Drive Suite, Apt. #, etc.		3. Mailing Address 3383 Olympic Drive Suite, Apt. #, etc.			
City & State Green Cove Springs, FL		City & State Green Cove Springs, FL		4. FEI Number 59-2834238	
Zip 32043		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BICKNER, J. BRUCE 1406 KINGSLEY AVE. STE. E ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  J. Bruce Bickner, President 4/17/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	D BICKNER, J. BRUCE 1406 KINGSLEY AVE., STE. E ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bickner, J. Bruce 3383 Olympic Drive Green Cove Springs, FL 32043	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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:  J. Bruce Bickner, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/08 904-284-0188 <small>Date Daytime Phone #</small>		