

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90192 001 \*\*\*150.00

**60036144**



04032008 Chg-P CR2E034 (12/06)

4. FEI Number **59-2867725** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

## 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

Signature, typed or printed name of registered agent and title 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	PD	<input type="checkbox"/> Delete
NAME	TOMM, CHARLIE	
STREET ADDRESS	4306 PABLO OAKS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	BURGESS, LYNNE A	
STREET ADDRESS	622 THIRD AVENUE, 37TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	NOBLE, NANCY D	
STREET ADDRESS	4306 PABLO OAKS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, J. GORDON	
STREET ADDRESS	622 THIRD AVENUE, 37TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILMAN, KENNETH B	
STREET ADDRESS	622 THIRD AVENUE, 37TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARLETTE, LINDA	
STREET ADDRESS	4306 PABLO OAKS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Linda L Marlette Linda L Marlette

Date

Daytime Phone #

4808 904-992-4110