


FILED  
Apr 30, 2008 8:00 am  
Secretary of State

04-30-2008 90167 028 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L08658</b>   |   |    |   |
| 1. Entity Name<br><b>CE-TECH OF JACKSONVILLE, INC.</b>   |   |   |   |
| Principal Place of Business<br><b>C/O HARVEY GRANGER<br/>1325 SAN MARCO BLVD., SUITE 902<br/>JACKSONVILLE, FL 32207 US</b>   |   | Mailing Address<br><b>C/O HARVEY GRANGER<br/>1325 SAN MARCO BLVD., SUITE 902<br/>JACKSONVILLE, FL 32207 US</b>                          |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>GRANGER, HARVEY<br/>1325 SAN MARCO BLVD.<br/>SUITE 902<br/>JACKSONVILLE, FL 32207</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees               |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D<br/>GREENE, A. HUGH<br/>1325 SAN MARCO BLVD., SUITE 902<br/>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DP<br/>LUKASZEWSKI, MICHAEL<br/>1325 SAN MARCO BLVD., SUITE 902<br/>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DST<br/>DURKIN, CHRISTOPHER<br/>1325 SAN MARCO BLVD., SUITE 902<br/>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>AST<br/>GRANGER, HARVEY<br/>1325 SAN MARCO BLVD., SUITE 902<br/>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>A. Hugh Green</i></u><br><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | 4/28/08 904-262-4011<br><small>Date Daytime Phone</small>   |   |