

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52793

FILED  
Jul 11, 2008  
Secretary of State

Entity Name: ATLANTIC MICRO SYSTEMS OF JACKSONVILLE, INC.

## Current Principal Place of Business:

8535 BAYMEADOWS RD  
SUITE #18  
JACKSONVILLE, FL 322567445 US

## New Principal Place of Business:

## Current Mailing Address:

8535 BAYMEADOWS RD  
SUITE #18  
JACKSONVILLE, FL 322567445 US

## New Mailing Address:

FEI Number: 59-2994826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLBROOK, H. LEON III  
2301 INDEPENDENT SQUARE  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOLBROOK, H. LEON II, I  
Address: ONE INDEPENDENT DRIVE  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: PRINCE, JOHN M.,  
Address: 4440 ASHMON CT  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: THOMAS, ROBERT W.,  
Address: 4313 201 PLAZA GATE LANE  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: PRINCE, PAUL R  
Address: 9149 AGINCOURT LANE  
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete  
Name: SPIVEY, DONALD R CFO  
Address: 8535 BAYMEADOWS ROAD, STE. 18  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL R PRINCE

CEO

07/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date