

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-30-2008 90030 017 ***150.00

DOCUMENT # L56087

1. Entity Name
ALLEN C. EWING & CO.



Principal Place of Business
**50 N LAURA ST
STE 3625
JACKSONVILLE, FL 32202 US**

Mailing Address
**50 N. LAURA STREET
SUITE 3625
JACKSONVILLE, FL 32202 US**

40013660



01222008 Chg-P CR2E034 (12/06)

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

4. FEI Number
59-3000850

Applied For
Not Applicab

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, BENJAMIN C. J
50 N. LAURA STREET
SUITE 3625
JACKSONVILLE, FL 32202**

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 **C** ☐ Delete
NAME **BISHOP, BENJAMIN C JR**
STREET ADDRESS **50 NORTH LAURA STREET, STE, 3625**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **P** ☐ Delete
NAME **JACKSON, DAVID W JR**
STREET ADDRESS **200 S TRYON ST, STE 700**
CITY-ST-ZIP **CHARLOTTE, NC 28202**

TITLE **S** ☒ Delete
NAME **ANDERSON, SHAARON M**
STREET ADDRESS **50 NORTH LAURA STREET, #3625**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit
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CITY-ST-ZIP

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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

[Handwritten Signature]

1/23/08