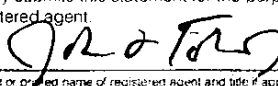
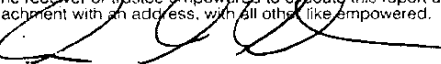


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90043 034 ***150.00

DOCUMENT # M88062 1. Entity Name DOVER CYLINDER HEAD OF JACKSONVILLE, INC.					
Principal Place of Business 80 INDUSTRIAL LOOP BLDG. A ORANGE PARK, FL 32073			Mailing Address 80 INDUSTRIAL LOOP BLDG. A ORANGE PARK, FL 32073		
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 59-2893126			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBISON, MARY, A, ESQ 2600 INDEPENDENT SQ JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name JOHN F. TOLSON, JR., ESQ. Street Address (P.O. Box Number is Not Acceptable) 462 KINGSLEY AVE. SUITE 101 City ORANGE PARK FL 32073		
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 		DATE 1/2/08			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ☒ Delete GEDDIE, YVONNE E. 412 RIVER BIRCH LN GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition CINTRON, LUIS M. 44 FINCH COURT, ORANGE PARK, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☒ Delete GEDDIE, KENNETH E. 412 RIVER BIRCH LN GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ☒ Change ☐ Addition FERNANDEZY, HILDA 44FINCH COURT ORANGE PARK, FL. 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			Date 1-2-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 904-403-9278		