

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008420

FILED
Mar 16, 2008
Secretary of State

Entity Name: MSA OF JACKSONVILLE, INC.

Current Principal Place of Business:

ALBERTS FIELD
12073 BRADY RAOD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 57301
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 59-3689971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'LESSKER, CHARLES S
12276 SAN JOSE BOULEVARD
SUITE 301
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

THORSEN, JEFF
377 SUMMERSET DRIVE
JACKSONVILLE, FL 32259 US

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: JEFF THORSEN

03/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRIESE, RON
Address: 5366 LOSCO RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: O'LESSKER, CHARLES
Address: 3500 W. AMANDA COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: SIMS, JIMMY
Address: 12039 RISING OAKS DR. E
City-St-Zip: JACKSONVILLE, FL 32223

Title: V (X) Delete
Name: MONTGOMERY, LADSON
Address: 129 TANGLEWOOD TRACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: V (X) Delete
Name: STRICKLIN, DAVID
Address: 1136 ASHMORE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: V (X) Delete
Name: MOULTRIE, CLARENCE
Address: 1716 CYPRESS LANE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRICKLIN, DAVID
Address: 1136 ASHMORE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: T (X) Change () Addition
Name: THORSEN, JEFF
Address: 377 SUMMERSET DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: V (X) Change () Addition
Name: MOULTRIE, CLARENCE
Address: 1716 CYPRESS LANE
City-St-Zip: JACKSONVILLE, FL 32223

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF THORSEN

TRES

03/16/2008

Electronic Signature of Signing Officer or Director

Date