

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-16-2007 90063 040 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N02000008114			
1. Entity Name SHRM JACKSONVILLE, INC.			
Principal Place of Business 7611 WEXFORD CLUB DR W. JACKSONVILLE, FL 32256		Mailing Address 7611 WEXFORD CLUB DR W. SUCCESSION JACKSONVILLE, FL 32256	
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 41-2075812		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KITCHEN, F. DAMON ESQ. 7611 WEXFORD CLUB DRIVE WEST JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent 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 renewing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROOKS, CYNDI 7611 WEXFORD CLUB DR, W JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Rooks, Cyndi 7611 Wexford Club Dr., W. Jacksonville, FL 32256 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GALLAGHER, KAREN 7611 WEXFORD CLUB DR, W JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Lang, Maria 7611 Wexford Club Dr., W. Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KITCHEN, F. DAMON 7611 WEXFORD CLUB DRIVE WEST JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Kitchen, F. Damon 7611 Wexford Club Dr., W. Jacksonville, FL 32256 ☐ 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all otherlike empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/28/07 Daytime Phone #	