


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000007824 1. Entity Name PREUSS FAMILY FOUNDATION, INC.	
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Principal Place of Business 3707 RICHMOND STREET JACKSONVILLE, FL 32205	Mailing Address 3707 RICHMOND STREET JACKSONVILLE, FL 32205
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05192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3450245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PREUSS, JEFFREY J 3707 RICHMOND STREET JACKSONVILLE, FL 32205
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DO NOT WRITE IN THIS SPACE

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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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Filing Fee Is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREUSS, JEFFERY J 3707 RICHMOND STREET JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREUSS, MICHELLE R 3707 RICHMOND STREET JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIVELY, DOROTHY 8 EAST GOLDEN EAGLE SANTA FE, NM 87506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000951825 06/04/08-80053-011 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 other like empowered. SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/19/08 <small>Date</small>	904-493-6760 <small>Daytime Phone #</small>
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