2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# N06000005023

Entity Name: MAIDEN'S PUB ASSOCIATION, INC.

Current Principal Place of Business:

11206 SHADY GLEN DR
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11206 SHADY GLEN DR
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 51-0581325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGSTON, BRYAN M
11206 SHADY GLEN DR
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, THOMAS J
Address: 97 SPRING ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: LANGSTON, BRYAN M
Address: 11206 SHDY GLEN DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: VANDIVER, MARK T
Address: 11206 SHADY GLEN DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: PHILLIP, REED M
Address: 5757 ANTOINETTE LN
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRYAN M LANGSTON DIR 01/29/2008

Electronic Signature of Signing Officer or Director — Date