2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N08000010175

Entity Name: ANDY'S PLACE OF JACKSONVILLE, INC.

Current Principal Place of Business:

2055 REYKO ROAD SUITE 101
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2055 REYKO ROAD SUITE 101
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 80-0305753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUSS, ROBERT V
TAYLOR STEWART HOUSTON & DUSS PA
1050 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

MCCALL, L E D
2055 REYKO ROAD
SUITE 101
JACKSONVILLE, FL FL 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: L. ED MCCALL 01/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, DERYA
Address: 2055 REYKO ROAD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: COCHRAN, SUSAN
Address: 2055 REYKO ROAD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: MCCALL, ED
Address: 2055 REYKO ROAD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, DERYA E
Address: 2055 REYKO ROAD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207

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: L. ED MCCALL D 01/14/2009
Electronic Signature of Signing Officer or Director — Date