

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90013 024 \*\*\*\*61.25

**DOCUMENT # N42330**

1. Entity Name  
FOUNDATION HOLDING II, INC.



Principal Place of Business

4595 LEXINGTON AVE  
SUITE 100  
JACKSONVILLE, FL 32210

Mailing Address

4595 LEXINGTON AVE  
SUITE 100  
JACKSONVILLE, FL 32210



03072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3051580

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

MILNE, DOUGLAS J  
4595 LEXINGTON AVE  
SUITE 100  
JACKSONVILLE, FL 32210

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	ASHBY, C.L. G.
STREET ADDRESS	1604 STOCKTON ST 1637 Beach Avenue
CITY-ST-ZIP	JACKSONVILLE, FL Atlantic Bch, FL 32233
TITLE	DVT
NAME	HIGHTOWER, BEN CPA
STREET ADDRESS	1514 NIRA ST ST
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DV
NAME	LEMMEL, DAVID
STREET ADDRESS	1303 PULLEN RD 4499 Limpkin Lane
CITY-ST-ZIP	JACKSONVILLE, FL Fernandina Bch, FL 32034
TITLE	DPS
NAME	MILNE, DOUGLAS J
STREET ADDRESS	4595 LEXINGTON AVE #400
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*DJ Milne* *DJ MILNE*

4/29/08

904 387 5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #