## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

ANNUAL REPURI				- CC+			
1. Entity Nar	MENT # P00000007 son, inc.	7457				Secretary of S	ta
700 ERNON	ce of Business IA ST LE, FL 32205 US	Mailing Address 700 ERNONA ST JACKSONVILLE, FL 32205	US		# 12!!! 20!!! 00!!! <b>20</b> !!! 00!		
ם	OO NOT WRITE	CE	04172008 No Chg-P CR2E034 (11/05)  4. FEI Number				
HINSON, 700 ERNO JACKSON				NOT W THIS SF			
the obligation of the obligati	a named entity submits this statement fortions of registered agent.  Signature, typed or printed name of registered agent.  E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	and title il applicable (NOTE Register	ed Agent signature required			DATE	ıt
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPS HINSON, LINDA 700 ERNONA ST. JACKSONVILLE, FL 32205	DIRECTORS			NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP				- • .		. ,	_

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 empewered to execute this report as required by Chapter 607, 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 tike empowered.

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SIGNATURE: Janto A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINA 6. H. NOSON

Date Daytime Phone