

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000035017 1. Entity Name NESHOBA ASSOCIATES, INC.			
Principal Place of Business 7111 DAVIS CREEK RD. SUITE 802 7 JACKSONVILLE BEACH, FL 32256		Mailing Address PO BOX 23887 JACKSONVILLE, FL 32241	
2. Principal Place of Business - No P.O. Box # 7111 Davis Creek Road		3. Mailing Address Suite, Apt. #, etc. Suite 7	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32256		Country USA	
4. FEI Number 59-3637131		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, RICHARD K 501 WEST BAY STREET JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURNSIDE, P. ELLIOTT 7111 DAVIS CREEK RD. SUITE 802 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Burnside P. Elliott 7111 Davis Creek Road, Suite 7 Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.			
SIGNATURE:		9/18/08 (904) 288-6481 Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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