

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061160

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: 644 CESERY CORPORATION

## Current Principal Place of Business:

644 CESERY BOULEVARD  
JACKSONVILLE, FL 32211 US

## New Principal Place of Business:

## Current Mailing Address:

644 CESERY BLVD  
SUITE 300  
JACKSONVILLE, FL 32211

## New Mailing Address:

644 CESERY BOULEVARD  
SUITE 300  
JACKSONVILLE, FL 32211 US

FEI Number: 59-3653732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMERLENGO, JOSEPH  
644 CESERY BLVD  
SUITE 300  
JACKSONVILLE, FL 32211 US

## Name and Address of New Registered Agent:

CAMERLENGO, JOSEPH V PRES  
644 CESERY BLVD  
SUITE 300  
JACKSONVILLE, FL 32211 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: JOSEPH V CAMERLENGO

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MUYRES, DAVID J  
Address: 241 STOCKTON DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete  
Name: VAN WINKEL, ROBERT  
Address: 13074 AUTUMN RIVER ROAD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: S ( ) Delete  
Name: SCHULER, SCOTT  
Address: 644 CESERY BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: T ( ) Delete  
Name: HOWELL, JAY  
Address: 644 CESERY BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: PRES ( ) Delete  
Name: CAMERLENGO, JOSEPH  
Address: 644 CESERY BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: BROCKWELL, HEATH  
Address: 644 CESERY BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

## 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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH V. CAMERLENGO

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date