


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P00000065629	
1. Entity Name FIRST ALLIED JACKSONVILLE CORPORATION	

Principal Place of Business 270 COMMERCE DR ROCHESTER, NY 14623	Mailing Address 270 COMMERCE DR ROCHESTER, NY 14623
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02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1587978	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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

**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**

U0000009865432  
04/08/08-80026-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLAZER, MALCOLM 270 COMMERCE DR ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GLAZER, KEVIN 270 COMMERCE DR ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SONDERICKER, WILLIAM 270 COMMERCE DR ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Sondericker, Vice President*

Date

3-14-08

Daytime Phone #

585-359-3000