


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90349 008 ***150.00

DOCUMENT # P00000115995	
1. Entity Name NAVIGY, INC.	

Principal Place of Business 4800 DEERWOOD CAMPUS PKWY SUITE 100-7TH FLOOR JACKSONVILLE, FL 32246-8273	Mailing Address 4800 DEERWOOD CAMPUS PKWY SUITE 100-7TH FLOOR JACKSONVILLE, FL 32246-8273
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2. Principal Place of Business - No. P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3688055	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOLLY, AREZOU C 4800 DEERWOOD CAMPUS PKWY BLDG 100 7TH FLOOR JACKSONVILLE, FL 32246-8273		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

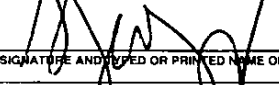
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GRANTHAM, L. JOSEPH 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARDEMAN, DONALD M 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOERR, R. CHRIS 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T READ, KIM 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOLLY, AREZOU C 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ryder, Fred 4800 Deerwood Campus Pkwy. Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **Arezou C. Jolly** 4-18-08 904-905-6024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



04172008 Chg-P CR2E034 (12/06)

ATTACHMENT

40084719

2008 For Profit Corporation Annual Report
Document #P00000115995
NAVIGY, INC.
CONTINUATION SHEET

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LIVERMORE, DUKE
4800 DEERWOOD CAMPUS PKWY.
JACKSONVILLE, FL 32246