2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P01000005789

Entity Name: SECOND THOUGHTS, INC. OF JACKSONVILLE

Current Principal Place of Business:

2174 N EDGEWOOD AVE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11679
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 59-3700366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCEY, MICHAEL
12143 SPRINGMOOR 9
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LUCEY, MICHAEL
Address: 12143 SPRINGMOOR NINE
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA ( ) Delete
Name: COFFMAN, SHARON
Address: 4816 CHARLES BENNETT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP/S ( ) Delete
Name: LUCEY, BONNIE
Address: 12143 SPRINGMOOR NINE
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: SHARON COFFMAN TREA 01/27/2009

Electronic Signature of Signing Officer or Director Date