2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2006 08:00 AN DOCUMENT # P01000021381 1. Entity Name **Secretary of State** EIGHT SECONDS OF JACKSONVILLE, INC. Principal Place of Business -Mailing Address 100 W LIVINGSTON ST, SUITE 200 100 W LIVINGSTON ST, SUITE 200 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3703359 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARMENING, WA II Street Address (P.O. Box Number is Not Acceptable) 100 W LIVINGSTON ST, SUITE 200 ORLANDO FL 32801 City 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition H00000520599 NAME HARMENING, W A II 05/02/06-80101-020 150.00 STREET ADDRESS 100 W LIVINGSTON ST, SUITE 200 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CRY-ST-78 TITLE Delete ☐ Change Addition NAME BRINKMAN, JOY A STREET ADDRESS STREET ADDRESS 100 WEST LIVINGSTON ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Delete Addition NAM NAME STINE, ROBERT H STREET ADDRESS STREET ADDRESS 100 WEST LIVINGSTON ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Section 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 of 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:

FILED