

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022663

FILED
Mar 12, 2008
Secretary of State

Entity Name: RELOCATION ASSURANCE CORPORATION

Current Principal Place of Business:

815 S MAIN STREET, 6TH FLOOR
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

815 S MAIN STREET, 6TH FLOOR
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

New Mailing Address:

PO BOX 48088
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32247

FEI Number: 59-3702971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, JAMES G
815 S MAIN STREET
JACKSONVILLE, FL 32207 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: P-I (X) Delete
Name: GROGER, RANDALL
Address: 815 S MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: P-D () Delete
Name: KELLY, SCOTT
Address: 815 S MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SUDDATH, STEPHEN M
Address: 815 S. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: BARNETT, JAMES G
Address: 815 S. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: STRICKLAND, BARBARA S
Address: 815 S. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: VAUGHN, BARRY S
Address: 815 S. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KELLY, SCOTT
Address: 815 S MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

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: JAMES G. BARNETT

VPD

03/12/2008

Electronic Signature of Signing Officer or Director

_____ Date