2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096737

Entity Name: JULINGTON LOOP, INC.

FILED Feb 21, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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450 SR 13 N1 450 SR 13 N # 101 # 101

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32259

Current Mailing Address: New Mailing Address:

12627 SAN JOSE BLVD. STE 303 JACKSONVILLE, FL 32223

FEI Number: 59-3748451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAPLAN, KENNETH C 12627 SAN JOSE BLVD. STE 303 JACKSONVILLE, FL 32223 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition
Name: CAPLAN, KENNETH C
Address: 8375 RAYMEADOWS WAY
Address: 12627 SAN JOSE RI VD STE 303

 Address:
 8375 BAYMEADOWS WAY
 Address:
 12627 SAN JOSE BLVD STE 303

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32223

Title: DVS () Delete Title: DV (X) Change () Addition Name: OLSON, JOHN P Name: OLSON, JOHN P

 Name:
 OLSON, JOHN P
 Name:
 OLSON, JOHN P

 Address:
 115 TAILING OAK
 Address:
 115 TAILING OAK

 City-St-Zip:
 CARY, NC 27513
 City-St-Zip:
 CARY, NC 27513

Title: D () Delete Title: () Change () Addition

 Name:
 MOLES, CHARLES D
 Name:

 Address:
 7906 BRISTOL BAY LANE WEST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:

Title: () Delete Title: VS () Change (X) Addition

Name:Name:TANTON, DANNYAddress:Address:925 BAYSIDE BLUFF ROADCity-St-Zip:City-St-Zip:JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KENNETH C CAPLAN PRES 02/21/2005