FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # PORGODOS S 2 & 08 HAY 2 PM : 25 OL + P.L. OF SAX, FL TAV DO NOT WRITE IN THIS SPACE 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 2. Principal Place of Business - 10 PO Doc 4 3. Supplied For 10 Place - 10 Pl	ANNUAL REPURI			
DO NOT WRITE IN THIS SPACE 2. Principal Place of Bullmass - No P.O. Box 3. Mailing Audress 5. Mailing Audress			08 MAY 21 0	Aa .
2. Principal Plager of Sudieses - No P.O. Boo # S. J. Melling Address # No P.O. Boo # S. J. Melling Address # No P.O. Boo # S. J. Melling Address # No P.O. Boo # S. J. Melling Address # No P.O. Boo # S. J. Melling Address # No P.O. Boo # S. J. Melling Address # No P.O. Boo # S. J. Melling Address # No P.O. Boo # No P.O. Bo	O.L + P.L. OF JAX, FL, INC		TÄLLAHASSEE. H	STATE
Self August 1 - May 1 Fee is 3150.00 SIGNATURE SIGNATURE Jenus 1 - Self Side Side Side Side Side Side Side Side	DO NOT WRITE IN THIS SPACE	CE	,	LOKIUA
Cy & State Country Countr	55/9 Nettie Rd 55/9 Nett	iè Rs	CRIEDIAR (EINT)	
The above named entity submat this statement for the purpose of changing is registered adject or registered again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Florida Again, or both, in the Sale of Florida, I am Burder with, and accopy from Flo	JAX FL. 32207 JAX			Applied For
The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligations of registered agent, or both, in the State of Portion, and accept the obligation of Portion of Portion, and accept the obligation of Portion of	EL.	Intry	371457819	Not Applicable
DO NOT WRITE IN THIS SPACE Story Address (P.O. Ban Number is Not Accordable) Story Address (P.O. Ban Number is N		TVar	C. Commond of Callage Decords	ee Required
IN THIS SPACE Set Son VIIIe City FL Zip Codo The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmfair with, and accept the obligations of registered agent. SIGNATURE January 1 - May 1 Fee is \$150.00 Alternative Agent a \$150.00 Agent Agent a \$150.00 Alternative Agent a \$150.00 Alternative Agent a \$150.00 Agent Agent Agent Agent Agent a \$150.00 Agent	DO NOT WRITE Street Address IN THIS SPACE		Kwood Olene-	
8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmsar with, and accept the obligations of registered agent. SIGNATURE Continue			ddress (P.O. Box Number is Not Acceptable)	
B. The above named entity submiss this statement for the purpose of changing its registered again, or both, in the State of Florida. I am familiar with, and accept the obligations of registered again. SIGNATURE Olene Octobre Oct				
SIGNATURE Signature Description of registrated agent.	B. The above considerable arbitrary this statement for the auropee of changing its resistant			32207
Delicity	the obligations of registered agent.	1/20-1	Q1/0	_
After May 1. Fee is \$55.00 Marko Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 10. OF	Signature, typed or printed name of registered agent and title if applicable (NOTE Registe	ored Agent signsture require		
10. OFFICERS AND DIRECTORS INTEL MAKE SIREST ADDRESS CITY-SI-2P TACK SON VILLE FL. 32207 INTEL MAKE SIREST ADDRESS CITY-SI-2P THE THE MAKE SIREST ADDRESS CITY-SI-2P THE THE THE MAKE SIREST ADDRESS CITY-SI-2P THE THE THE THE THE THE THE TH	After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State 9. Election Campaign F Trust Fund Contribut	Financing tion.	\$5.00 May Ba Added to Fees 0 0 0 1 2 3 5 6 4 04/15/08 01032 006	730 **150.00
STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT		 		
INTERET ADDRESS CITY ST-7IP INTERET ADDRESS	NAME LOCKWOOD, OPENE STREET ADDRESS CE LO ALOTTICE REL	}		
STRET ADDRESS CITY ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-STRET STRET A	CITY-SI-DP SackSonville Fl. 3220	7		
DO NOT WRITE INTHE SPACE IN THIS SP	MANE PAUL AND THE REL			
DO NOT WRITE IN THIS SPACE IN THIS	CITY ST. ZIP SPEKSONVILLE FL. 3220	7		1
IN THIS SPACE INTHIS SPACE I				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information			DO NOT WRIT	FE
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 12. Liberaby carrier that the information supplied with this filting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	1		IN THIS SPAC	E
TITLE HAME STREET ADDRESS CITY: ST-ZIP TITLE HAME STREET ADDRESS CITY: ST-ZIP TITLE HAME STREET ADDRESS CITY: ST-ZIP 12. Liberaby cartify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	STREET ADDRESS	ĺ		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Liberaby carries that the information supplied with this filting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	TIME			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information				
NAME STREET ADDRESS City S1-ZIP 12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information				}
Criv. S1-ZIP 12. Thereby certify that the information supplied with this filting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	NAME			1
12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	City -ST-ZIP			
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. Floridal Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE OF SIGNATURE OF THE OR PRINTED NAME OF SIGNATURE OF THE ORDER OF SIGNATURE OF THE ORDER OF SIGNATURE OF THE ORDER OF T	indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as re attachment with an address, with all other like empowered. SIGNATURE	adure shall have the equired by Chapter 6	107. Florida Statutes; and that my name appears 108. Hold Statutes; and that my name appears	in Block 10 or on an
		· · · · · · · · · · · · · · · · · · ·	,	l