

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90130 010 \*\*\*158.75

DOCUMENT # P02000115328

1. Entity Name  
DIMENSIONS ENTERPRISE OF JACKSONVILLE, INC.



Principal Place of Business  
1719 FONSICA WAY  
JACKSONVILLE, FL 32221

Mailing Address  
1719 FONSICA WAY  
JACKSONVILLE, FL 32221

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
9228 Hawks Haven Ct.



03142008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Jacksonville, Florida

4. FEI Number

30-0123186

Applied For

Not Applicable

Zip

Country

Zip

Country

32222

US

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, EFRAIN  
1719 FONSICA WAY  
JACKSONVILLE, FL 32221

7. Name and Address of New Registered Agent

Name  
Leon, Efrain

Street Address (P.O. Box Number is Not Acceptable)

9228 Hawks Haven Ct.

City  
Jacksonville

FL

Zip Code  
32222

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

*Efrain Leon*

03.14.08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEON, EFRAIN  
1719 FONSICA WAY  
JACKSONVILLE, FL 32221

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Leon, Efrain  
9228 Hawks Haven Ct.  
Jacksonville, FL 32222 US

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Efrain Leon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.14.08

Date

Daytime Phone #