

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000034510

1. Entity Name
**CAPITAL ANALYSTS WEALTH ADVISORS OF
JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business

**8160 BAYMEADOWS WAY WEST SUITE 310
JACKSONVILLE, FL 32256**

Mailing Address

**8160 BAYMEADOWS WAY WEST SUITE 310
JACKSONVILLE, FL 32256**

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0512355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OGIER, R. BRUCE
8160 BAYMEADOWS WAY WEST SUITE 310
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000607538
01/31/07-80044-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OGIER, R. BRUCE
STREET ADDRESS	4064 PONTE VEDRA BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	VTD
NAME	HALL, M. ELAINE
STREET ADDRESS	628 SECOND STREET
CITY-ST-ZIP	NEPTUNE, FL 32266
TITLE	VSD
NAME	BORDELON, SHERYL P
STREET ADDRESS	12775 BURNING TREE LANE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	MOURO, MARK A
STREET ADDRESS	1379 MALLARD LANDING BLVD N
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Bruce Ogier
R. Bruce Ogier

1/26/07
Date

904-730-7433
Daytime Phone #