


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2008 08:00 A
Secretary of State
1/18/08

DOCUMENT # P03000034510 1. Entity Name CAPITAL ANALYSTS WEALTH ADVISORS OF JACKSONVILLE, FLORIDA, INC.	
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Principal Place of Business 8160 BAYMEADOWS WAY WEST SUITE 310 JACKSONVILLE, FL 32256	Mailing Address 8160 BAYMEADOWS WAY WEST SUITE 310 JACKSONVILLE, FL 32256
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01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0512355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGIER, R. BRUCE 4064 PONTE VEDRA BLVD JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HALL, M. ELAINE 628 SECOND STREET NEPTUNE, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORDELON, SHERYL P 12775 BURNING TREE LANE WEST JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOURO, MARK A 1379 MALLARD LANDING BLVD N JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/08-80024-018 150.00

**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: 	1/18/2008	904-730-7433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #