## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000080567

Address:

City-St-Zip:

1863 WELLS ROAD

ORANGE PARK, FL 32073

**FILED** May 01, 2008 Secretary of State

**Entity Name:** ROONEY & SONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 9501 NORMANDY BLVD 9501 NORMANDY BLVD. JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32221 **Current Mailing Address: New Mailing Address:** 9501 NORMANDY BLVD 9501 NORMANDY BLVD. JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32221 FEI Number: 20-0101986 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: ROONEY, PAUL C SR ROONEY, PAUL C SR 9501 NORMANDY BLVD 9501 NORMANDY BLVD US US JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32221 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: PAUL ROONEY 05/01/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ROONEY, PAUL C SR. Name: Name: 5545 SHANNON AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition ROONEY, JAMES R SR Name: Name: 5546 SHANNON AVENUE Address: Address: JACKSONVILLE, FL 32254 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition LOWRY, MARY A Name: Name: 340 JONES ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition DIXON, PAUL D Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

Ρ SIGNATURE: PAUL ROONEY 05/01/2008