

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90090 023 \*\*\*150.00

**DOCUMENT # P03000087007**

1. Entity Name  
**FRED M. CONE, P.A**



Principal Place of Business  
**50 N. LAURA STREET  
SUITE 2600  
JACKSONVILLE, FL 32202**

Mailing Address  
**50 N. LAURA STREET  
SUITE 2600  
JACKSONVILLE, FL 32202**

2. Principal Place of Business - No P.O. Box #  
**207 INLET DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**207 INLET DRIVE**  
Suite, Apt. #, etc.



01102008 Chg-P CR2E034 (12/06)

City & State  
**ST AUGUSTINE, FL**  
Zip  
**32080** Country  
**USA**

City & State  
**ST. AUGUSTINE, FL**  
Zip  
**32080** Country  
**USA**

4. FEI Number  
**20-0142531** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CONE, FRED M  
50 N. LAURA STREET, STE. 2600  
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name **BARBARA H. CONE, PERSONAL REPRESENTATIVE**  
Street Address (P.O. Box Number is Not Acceptable)  
**ESTATE OF FRED M. CONE**  
**205 INLET DRIVE**  
City **ST AUGUSTINE** FL Zip Code **32080**

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 *Barbara H. Cone*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **1-10-08**

**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 **PS** ☒ Delete  
NAME **CONE, FRED M**  
STREET ADDRESS **50 N. LAURA STREET STE. 2600**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ESTATE OF FRED M. CONE** ☒ Change ☐ Addition  
NAME **By BARBARA H. CONE, P.R.**  
STREET ADDRESS **207 INLET DRIVE**  
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Barbara H. Cone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-08** **904/824-8243**  
Date Daytime Phone #