2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | | | | | |
|--|----|--|--------|--|--|--|--|--|--|
| DOCUMENT # P03 1. Entity Name J T SKAGGS COMPANY II | | | | | | | | | |
| Principal Place of Business 608 PALMERA DR E PONTE VEDRA BEACH, FL 32082 | US | Mailing Address 608 PALMERA DR E STE 110 PONTE VEDRA BEACH, FL 32 | D82 US | | | | | | |
| | | | | | | | | | |

| 608 PALMER Ponte vedr | RA BEACH, FL 32082 US S | 08 PALMERA DR E TE 110 Onte vedra Beach, FL 320 | 982 US | | | | | |
|---|--|--|--------------------------|--|---|-------------------------------|---------------------|--|
| DO NOT WRITE IN THIS SPACE | | | ^E | 04142008 No Chg-P CR2E034 (11/05) | | | | |
| DO NOT WRITE IN THIS SPAC | | Ų E | 4. FEt Numb 20-049 | | - | Applied For Not Applicable | | |
| | | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Current Regis | tered Agent | | <u> </u> | - | 1001 | squiied | |
| | JOHN T ERA DR E EDRA BEACH, FL 32082 | - | | | NOT WE | | | |
| the obligati | named entity submits this statement for the pions of registered agent | surpose of changing its registere | ed office or registe | red agent, or bo | oth, in the State of Flori | da. I am familia | with, and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable. [NOTE: Registered Agent signature required | | | Agent signature required | d when reinstating) | | DATE | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | | .00 May Be ded to Fees | U000 05/23/0 | 00933741 8-80004- | 009 150.no | |
| 10. | OFFICERS AND DIRECT | CTORS | 4 | | | | | |
| ITTLE IAME STREET ADDRESS CITY-SI-ZIP ITLE IAME STREET ADDRESS CITY-SI-ZIP | STAGGS, JOHN T 3947 BLVD CENTER STE 110 JACKSONVILLE, FL 32207 D STAGGS, JOHN T 3947 BLVD CENTER STE 110 JACKSONVILLE, FL 32207 | | | | | | | |
| ITLE IAME STREET ADDRESS STRY-ST-ZIP | | | | DO | NOT WI | RITE | | |
| ITLE HAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPA | ACE | | |
| ITLE IAME STREET ADDRESS STY-ST-ZIP | | | | | | | | |
| ITLE IAME STREET ADDRESS STRY-ST-ZIP | sertify that the information supplied with this li | ling does not qualify for the eve | amotions contains | d in Chanter 119 | Q Flyyda Stanitae 16 | orther certify the | t the information | |
| ndicated | on this report or suppliemental report is true a | and accurate and that my signal | ure shall have the | same lenal effe | o, i ionua otatutes. I it et as if made under ea | the that I am an | officer or director | |

12. Thereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other fixe empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #