

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014185

Entity Name: R.O.W. II GROUP INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

626 MAY ST  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

626 MAY ST  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 72-1605966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JAMES, GAILON S  
1650-302 MARGARET STREET  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

JAMES, GAILON S  
626 MAY STREET  
JACKSONVILLE, FL 32204 US

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: GAILON S. JAMES

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete  
Name: ANSLEY, MARK V  
Address: 1046 N JEFFERSON AVE  
City-St-Zip: SARASOTA, FL 34237

Title: T ( ) Delete  
Name: ANSLEY, MARK V  
Address: 1046 N JEFFERSON AVE  
City-St-Zip: SARASOTA, FL 34237

Title: COOV ( ) Delete  
Name: JAMES, GAILON S  
Address: 1650-302 MARGARET STREET #262  
City-St-Zip: JACKSONVILLE, FL 32204

Title: S ( ) Delete  
Name: JAMES, GAILON S  
Address: 1650-302 MARGARET STREET #262  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition  
Name: ANSLEY, MARK V  
Address: 7034 LUKE STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COOV (X) Change ( ) Addition  
Name: JAMES, GAILON S  
Address: 626 MAY STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Change ( ) Addition  
Name: JAMES, GAILON S  
Address: 626 MAY STREET  
City-St-Zip: JACKSONVILLE, FL 32204

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.

SIGNATURE: GAILON S. JAMES

COOV

04/20/2009

Electronic Signature of Signing Officer or Director

Date