

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000042799

1. Entity Name

FRIEDLINE AND MCCONNELL, P.A.



Principal Place of Business

1756 UNIVERSITY BLVD  
JACKSONVILLE FL 32216

Mailing Address

1756 UNIVERSITY BLVD  
JACKSONVILLE FL 32216



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-0837571

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDLINE, RODGER J  
1756 UNIVERSITY BLVD SOUTH  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FRIEDLINE, RODGER J  
STREET ADDRESS 1756 UNIVERSITY BLVD SOUTH  
CITY-STATE-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE D  
NAME MCCONNELL, JERRETT M  
STREET ADDRESS 1756 UNIVERSITY BLVD SOUTH  
CITY-STATE-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE PTD  
NAME FRIEDLINE, RODGER J  
STREET ADDRESS 1756 UNIVERSITY BLVD S  
CITY-STATE-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE SD  
NAME MCCONNELL, JERRETT M  
STREET ADDRESS 1756 UNIVERSITY BLVD S  
CITY-STATE-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
U000000594897  
01/23/07-80017-024 150.00

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodger J. Friedline 1/19/07 904 7277850

Date

Daytime Phone #