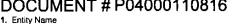
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000110816





FILED Mar 03, 2008 8:00 am Secretary of State

| 1. Entity Name LJD OF SANTA ROSA COUNTY, INC.   |  |  |   | 03-03-2008 90206 050 ***150.00                               |  |  |  |
|---|--|--|---|--|--|--|--|
| Principal Place of Business 7465 NORTH PALAFOX STREET PENSACOLA, FL 32503   |  | Mailing Address 7465 NORTH PALAFOX STREET PENSACOLA, FL 32503                        |   |  |  |  |  |
| 2. Principal Place of Business - No   | P.O. Box # 3. Mailing Address  |  |   |  |  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   | 02202008 Chg-P CR2E034 (12/06)                               |  |  |  |
| City & State  | City & State   | City & State   |   | 4. FEI Number 20-1894484                                     |  | pplied For<br>ot Applicable                    |  |
| Zip Counti  | y Zip  | Country  |   | of Status Desired  | S8.75 Ad   | ditional                                       |  |
| 6. Name and Add   | ress of Current Registered Agent   | Name   | 7. Name and   | Address of New R   | egistered Agent  |  |  |
| MOORE, DONALD W<br>7465 NORTH PALAFOX STREET<br>PENSACOLA, FL 32503   |  |  | Street Address (P.O. Box Number is Not Acceptable)                          |  |  |  |  |
|   | 00 (   | City   |   |  | FL Zip Coo   | ie   |  |
| 8. The above named entity submits the obligations of registered again   |  | g its registered office or re  | egistered agent, or bot   | h, in the State of Flo                                       |  | , and accept                                   |  |
| SIGNATURE Signature, typed or printed na  | me of registered agent and title it applicable.  | (NOTE: Registered Agent signature  | required when reinstating)  |  | DATE   |  |  |
| FILE NOW!!! FEE IS<br>After May 1, 2008 Fee v   |  | mpaign Financing<br>Contribution.  | \$5.00 May Be<br>Added to Fees  |  |  |  |  |
| 10.   | OFFICERS AND DIRECTORS   | 11.  | ADDITIONS/  | CHANGES TO OFF   | ICERS AND DIRECTOR   |  |  |
| NAME PRES NAME MOORE, DONALI STREET ADDRESS 7465 NORTH PAL CITY-ST-ZIP PENSACOLA, FL  | AFOX STREET  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Change   | Addition                                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Change   | ☐ Addition                                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Change   | Addition                                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Change   | Addition                                       |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Change   | Addition                                       |  |
| TITLE NAME STREET ADDRESS CITY ST-21P   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | i   |  | ☐ Change   | ☐ Addition                                     |  |
| 12. I hereby certify that the informal indicated on this report or support the corporation or the receive changed, or or an attachment.  SIGNATURE: | tion supplied with this filter does not duali<br>lemental report is true and accurate and the<br>er or trustee approvered to execute this re-<br>with an address, with all other life emopy. | ly for the exemptions con<br>hat my tignature shall hav<br>yor; as required by Chapt | stained in Chapter 119<br>e the same legal effec<br>er 607, Florida Statute | , Florida Statutes, It tas if made under is; and that my nam | further certify that the<br>oath; that I am an office<br>e appears in Block 10 c | information<br>r or director<br>or Block 11 if |  |