2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000120126

1. Entity Name

JACKSONVILLE CUSTOM SPECIALTIES, INC.



Principal Place of Business

11201 ST. JOHN'S INDUSTRIAL PARKWAY

SUITE 202

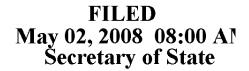
JACKSONVILLE, FL 32246

Mailing Address

11201 ST. JOHN'S INDUSTRIAL PARKWAY

SUITE 202

JACKSONVILLE, FL 32246





DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0820630

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMEO, MICHAEL E 2288 IRONSTONE DR E JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

| 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 talle if appicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution Added to Fees | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAMEO, MICHAEL E 2288 IRONSTONE DR E JACKSONVILLE, FL 32246 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000945232 05/29/08-80131-015 150.00 |
| TITLE NAME SIREET ADDRESS CHY-SI-ZIP | | | 1 | DO | NOT WRITE |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | | · . | |
| TITLE: NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. Thereby 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 gither like empowered. | | | | | |

INTED NAME OF SIGNING OFFICER OR DIRECTOR