2008 FOR PROFIT CORPORATION

FILED Apr 29, 2008 08:00 AN ıte

ANNUAL REPURI					11p1 22, 2000 00:0
	MENT # P040001418	58			Secretary of Sta
1. Entity Nan MORGAI	ne ' N AND DINKINS,INC.				
1455 PLAIN	ce of Business IFIELD AVE RK, FL 32073	Mailing Address 1455 PLAINFIELD AVE ORANGE PARK, FL 32073			(I) 48(); 5(0): 95() 50() 50() (16) 5(40) (18) (18) (18) (18) (18) (18)
DO NOT WRITE IN THIS SPA			04242008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For		
				20-17	Not Applicable
			1	5. Certificate	e of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DINKINS, BENJAMIN S 1455 PLAINFIELD AVE ORANGE PARK, FL 32073			DO NOT WRITE IN THIS SPACE		
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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and titls if applicable. (NOTE. Registered Agent signature required when reinstating) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			+	00 May Be ed to Fees	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF P DINKINS, BENJAMIN S. 1455 PLAINFIELD AVE ORANGE PARK, FL 32073	ECTORS			U000009312U7 U5/22/U8-80005-019 150.00
TITLE NAME STREET AODRESS CITY-ST-ZIP	VP MORGAN, PETER C. 1455 PLAINFIELD AV E ORANGE PARK, FL 32073				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP].		
TITLE			I	ı	

12. I hereby 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 other like empowered.

NAME STREET ADDRESS CITY - ST - ZIP

<u>BENJAMIN S.</u> SIGNATURE



(904) 264-6699