

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90707 001 *3,000.00

DOCUMENT # P04000152583

1. Entity Name
FLEMING ISLAND 20/20 P.A.



Principal Place of Business
**2220 COUNTY ROAD 210 W SUITE 308
JACKSONVILLE, FL 32259**

Mailing Address
**ANSBACHER & MCKEEL, P.A.
8818 GOODBYS EXECUTIVE DR
JACKSONVILLE, FL 32217**

66008347



2. Principal Place of Business - No P.O. Box #
1505 County Road 220

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008

Chg-P

CR2E034 (12/06)

City & State
Orange Park, FL

City & State

4. FEI Number

05-0612257

Applied For

Not Applicable

Zip
32003

Country
Clay

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANSBACHER & MCKEEL PA
8818 GOODBYS EXECUTIVE DR
JACKSONVILLE, FL 32217**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
KAPADIA, SHAROKH
2220 COUNTY ROAD 210 W SUITE 308
JACKSONVILLE, FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**161-3 Hampton Point Drive
St. Augustine, FL 32092** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
KAPADIA, DIANE L
2220 COUNTY ROAD 210 W SUITE 308
JACKSONVILLE, FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1505 County Road 220
Orange Park, FL 32003** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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.

SIGNATURE:

Diane L. Kapadia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-08

Date

Daytime Phone #

Diane L. Kapadia

[Signature]