

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003129

FILED
Apr 08, 2008
Secretary of State

Entity Name: THE DAMES POINTE OF JACKSONVILLE, INC.

Current Principal Place of Business:

316 BOSTWICK CIRCLE
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

316 BOSTWICK CIRCLE
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-2147744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMES, TIMOTHY L
316 BOSTWICK CIRCLE
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: DAMES, TIMOTHY L
Address: 318 SOUTHERN BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: DAMES, TIMOTHY L
Address: 318 SOUTHERN BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAMES, TIMOTHY L
Address: 316 BOSTWICK CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM DAMES

PVST

04/08/2008

Electronic Signature of Signing Officer or Director

Date