

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90021 039 \*\*\*150.00

<b>DOCUMENT # P05000083212</b>					
<b>1. Entity Name</b> THE BARKING LOT OF JACKSONVILLE, INC.					
<b>Principal Place of Business</b> 281 S. MCDUFF SUITE #207 JACKSONVILLE, FL 32254			<b>Mailing Address</b> 281 S. MCDUFF SUITE #207 JACKSONVILLE, FL 32254		
<b>2. Principal Place of Business - No P.O. Box #</b> 281 MCDUFF AVE S.		<b>3. Mailing Address</b> 281 MCDUFF AVE S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE FL		<b>City &amp; State</b> JACKSONVILLE FL		<b>4. FEI Number</b> 04-3827384	
<b>Zip</b> 32254		<b>Country</b> US		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  TOWLER, SUSAN M 281 S. MCDUFF JACKSONVILLE, FL 32205			<b>7. Name and Address of New Registered Agent</b> Name: TOWLER, SUSAN M. Street Address (P.O. Box Number is Not Acceptable): 281 MCDUFF AVE S. City: JACKSONVILLE FL Zip Code: 32254		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWLER, SUSAN M 281 S. MCDUFF JACKSONVILLE, FL 32254		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Susan M. Towler</u> <u>15 Apr '08</u> <u>(904) 384-2111</u>					