

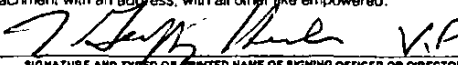


**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90031 029 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000099678</b> 1. Entity Name 204 COMFORT ROAD INVESTMENTS, INC.		
Principal Place of Business ONE INDEPENDENT DRIVE SUITE 2200 JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DRIVE SUITE 2200 JACKSONVILLE, FL 32202	<b>66002163</b> 
<b>DO NOT WRITE IN THIS SPACE</b>		01082008 No Chg-P CR2E034 (11/05)
		4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  HEEKIN, T. GEOFFREY ONE INDEPENDENT DRIVE SUITE 2200 JACKSONVILLE, FL 32202		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD MCCLELLAN, ROBERT 337 HIGHWAY 17 NORTH PALATKA, FL 32177	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD HEEKIN, T. GEOFFREY ONE INDEPENDENT DRIVE, #2200 JACKSONVILLE, FL 32202	
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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:  V.P. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/28/08</u> 904 355 7000 <small>Date Dursine Phone #</small>