


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000119177 1. Entity Name NORTHEAST OVAL HOLDINGS, INC.	
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Principal Place of Business 4595 LEXINGTON AVE JACKSONVILLE, FL 32210	Mailing Address 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3358307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, SHIRLEY 4595 LEXINGTON AVE JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000943509 05/29/08-80063-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILNE, DOUG 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILNE, JACK 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MILNE, JOE 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: DJ Milne DJ MILNE 4/29/08 904.387.5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #