

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90016 046 ***150.00

DOCUMENT #	P05000155844
1. Entity Name	JONATHON B MANER PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4112 TIDEVIEW DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE BEACH, FL			
Zip	Country	Zip	Country
32250			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
33-1127807		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
MANER, JONATHON B.	
Street Address (P.O. Box Number is Not Acceptable)	
4112 TIDEVIEW DR.	
City	Zip Code
JACKSONVILLE	32250

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE	D	TITLE	
NAME	MANER, JONATHON B.	NAME	
STREET ADDRESS	4112 TIDEVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jonathon B. Maner* JONATHON B. MANER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-08 904 318-3665
Date Daytime Phone #