

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90142 019 ***150.00

DOCUMENT # P05000166704 1. Entity Name EASTLAND INVESTMENT GROUP, INC.			
Principal Place of Business 13361 ATLANTIC BLVD. JACKSONVILLE, FL 32225		Mailing Address 13361 ATLANTIC BLVD. JACKSONVILLE, FL 32225	
2. Principal Place of Business - No P.O. Box # 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260		3. Mailing Address 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260	
4. FEI Number 68-0621227		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OFFRA, LLC 4221 WEST BOY SCOUT BLVD. SUITE 1000 TAMPA, FL 33607		7. Name and Address of New Registered Agent Morris, Gregory D 700 Ponte Vedra Lakes Blvd Ponte Vedra Beach, FL 32082	
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 reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, JR., FRED B 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEEL, CLAYTON W 5401 WEST KENNEDY BLVD. SUITE 751 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODSON, J. THOMAS 13361 ATLANTIC BLVD. JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>J. Thomas Dodson</u> <u>2/6/08</u>		Date: <u>904-280-7100</u> Daytime Phone #	