

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90054 040 ***158.75

DOCUMENT # P05000168245

1. Entity Name
BUY OWNER OF JACKSONVILLE, INC.



Principal Place of Business
**1192 E. NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH, FL 33442**

Mailing Address
**1192 E. NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH, FL 33442**

40001585



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4009668

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ECKERT, CHARLES S
1192 E. NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ECKERT, SCOTT A
1192 E NEW PORT CTR DR 300
DEERFIELD BEACH, FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
ECKERT, CHARLES S
1192 E NEW PORT CTR DR 200
DEERFIELD BEACH, FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ECKERT, SCOTT A
1192 E NEW PORT CTR DR
DEERFIELD BEACH, FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ECKERT, SCOTT A
1192 E. NEWPORT CENTER DRIVE # 200
DEERFIELD BEACH, FL 33442** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ECKERT, SCOTT A
1192 E. NEWPORT CENTER DRIVE # 200
DEERFIELD BEACH, FL 33442** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

Charles Eckert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-07 954771-7771
Date Daytime Phone #