


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000168323</b>	
1. Entity Name <b>D.D. SERVICES OF JACKSONVILLE, INC.</b>	

Principal Place of Business <b>9338 PROSPERITY LAKE DR JACKSONVILLE FL 32244</b>	Mailing Address <b>9338 PROSPERITY LAKE DR JACKSONVILLE FL 32244</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>20-3752211</b>		Applied For														
		Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required														
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4"> <b>VLCEK, ALAN B</b>  <b>515-2 EAST 9TH STREET</b>  <b>JACKSONVILLE FL 32206</b> </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P O Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td>FL</td> <td>Zip Code</td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>VLCEK, ALAN B</b> <b>515-2 EAST 9TH STREET</b> <b>JACKSONVILLE FL 32206</b>		Name		Street Address (P O Box Number is Not Acceptable)		City		FL	Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent														
<b>VLCEK, ALAN B</b> <b>515-2 EAST 9TH STREET</b> <b>JACKSONVILLE FL 32206</b>		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 state if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAC, DADRN J</b>	NAME	<b>U00000947617</b>
STREET ADDRESS	<b>9338 PROSPERITY LAKES DR</b>	STREET ADDRESS	<b>06/02/08-80022-007 150.00</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **4-30-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #