


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000015789</b>	
1. Entity Name JON FARMER, INC.	

Principal Place of Business 2155 MANEY DRIVE JACKSONVILLE, FL 32216 US	Mailing Address 2155 MANEY DRIVE JACKSONVILLE, FL 32216 US
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4261936	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

FARMER, JON  
2155 MANEY DRIVE  
JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

0000000814212  
02/13/08-80025-010 150.00

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARMER, JON 2155 MANEY DRIVE JACKSONVILLE, FL 32216
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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: *Jon Farmer* **Jon Farmer - PRESIDENT** 1/31/08 (904) 737-7466

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