2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90012 005 ***150.00

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1. Entity Name
FIRST FLORIDA INVESTORS II, INC.

Principal Place of Business
~~2962 TRIBIUM CIR~~ 2860 Marina Mile
FORT LAUDERDALE, FL 33312 Suite 103

Mailing Address
2860 MARINA MILE BLVD SUITE ~~117~~ 110
FORT LAUDERDALE, FL 33334
PNB 2AD

03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1135479
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANSFIELD, RAYMOND D
400 SANTA ~~CLOVE TRAIL~~ CLARA
WELLINGTON, FL 33414

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANSFIELD, RAYMOND D
STREET ADDRESS	400 SANTA CLOVE TRAIL
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	BIGGER, WILLIAM B
STREET ADDRESS	PO BOX 280
CITY-ST-ZIP	FORT LAUDERDALE, FL 33302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Raymond Mansfield, Pres. X 4/3/08 (561)791-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #