FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 05, 2007 8:00 am Secretary of State

| DOCUMENT # P06000125 |
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| 1. Entity Name Good Neighbor Services, Inc | | | | | | 03-05-2007 90058 041 ***158.75 | | | |
|--|---|-------------------------|------------------------------------|-------------------------|---------------------|--|-------------|--------------------------------|--|
| 1 | DO NOT WRIT | E IN T | HIS SPA | CE | | 40029534 | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | - 0 | | _ 40023334 | | | |
| 4859 Ortega Hills Drive 4859 Ortega Hill Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | Drive | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | 1 | | |
| City & State Jacksonville, Florida | | | City & State Jacksonville, Florida | | | 22-3944110 | | Applied For Not Applicable | |
| Zip 32244 | Country USA | ^{Zip} 32244 | | Country SA | 5. Ce | ertificate of Status Desired | | .75 Additional Required | |
| | | | | Name d | | ne and Address of Current Re | gistered Ag | ent | |
| , | DO NOT V | NRITE | | Gregory A. Dully | | | | | |
| | ·- | | | Street Ad | dress (PO Bo | P O Box Number is Not Acceptable) | | | |
| , E | IN THIS S | PACE | | 4859 (| Ortega Hills | s Drive | | | |
| | | 1 | | City Jac | cksonville | | FL | Zip Code 32244 | |
| 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 | | | | | | | | | |
| SIGNATURE STOWT ORDINARY A DUFFY - PRESTOWT ORDINARY SIGNATURE STOWT ORDINARY A DUFFY - PRESTOWT ORDINARY SIGNATURE STOWN TO THE PROJECT OF THE PROJECT ORDINARY AND THE PR | | | | | | | | | |
| SIGNATURE . | Signature, typed or rise are of registere / 2 mary 1 - May 1 Fee Is \$150.00 | nt and the Tappicabl | e (NOTE Reg | Serec Agent egyatur | e required when re- | stating) | DATE | | |
| After May 1. Fee is \$530.00 After May 1. Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | | | | Election Campaign Finance Trust Fund Contribution. | ing | \$5.00 May Be Added to Fees | |
| 10. | | ND DIRECTORS | 1 | | | | | | |
| TITLE | P-Gregory A. Duffy | | | mu . | | | | | |
| STREET ADDRESS | 4859 Ortega Hills Drive | | | NAME STREET ADDIFESS | | | | 3 | |
| CITY-ST-ZIP | Jacksonville, FL 32244 | | | CATY-ST-ZIP | | | | | |
| TITLE | | | | INLE | | | | , | |
| NAME STREET ADDRESS | | | ı | MAME STREET ACROSESS | | | | (| |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | |
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| NAME STREET ADDRESS | | | I | STREET ACCRESS | | | | _ | |
| CITY-ST-ZIP | | | | CITY-SI-ZZ | | DO NOT V | VRIT | E | |
| TITLE | | | | TITLE | | IN THIS S | PAC | | |
| NAME STREET ADORESS | | | | STREET ACTIVESS | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | |
| TITLE | | | | TITLE | | | | | |
| NAME STREET ADDRESS | | | į | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | ŀ | CITY-ST-ZP | | | | 1 | |
| TITLE | | | | TITLE | | | | | |
| NAME CIRCIT LIBORESCO | | | | IALE | | | | 1 | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-SI-ZZP | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 emproyeed to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other incomments.

| SIGNATURE: |) GREGOM A. DURRY - PRESS | DOUT 02 MARZO7 | (904)502-0008 |
|------------|---|----------------|------------------|
| | R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Dayofine Phone 4 |