2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # P06000134697 COURTNEY & CO. INC. Principal Place of Business Mailing Address 3919 BRAMPTON ISLAND COURT SOUTH 3919 BRAMPTON ISLAND COURT SOUTH JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 CR2E034 (11/05) 01242008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1201445 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COURTNEY, CATHERINE C DO NOT WRITE 3919 BRAMPTON ISLAND COURT SOUTH JACKSONVILLE, FL 32224 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees *U*00000803498 After May 1, 2008 Fee will be \$550.00 <u>02/05/08-80028-007_150_00</u> 10. OFFICERS AND DIRECTORS TITLE COURTNEY, CATHERINE C NAME 3919 BRAMPTON ISLAND COURT SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 TITLE NAME COURTNEY, CORY H 3919 BRAMPTON ISLAND COURT SOUTH STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED