

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134939

Entity Name: 402 GROUP, INC.

FILED  
Mar 10, 2010  
Secretary of State

**Current Principal Place of Business:**

11250 OLD ST. AUGUSTINE ROAD  
15-182  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

11250 OLD ST. AUGUSTINE ROAD  
15-182  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 68-0637868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILKS, MICHAEL M  
11250 OLD ST AUGUSTINE RD  
15-182  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: WILKS, MICHAEL M  
Address: 11250 OLD ST AUGUSTINE RD 15-182  
City-St-Zip: JACKSONVILLE, FL 32257

Title: V  
Name: KNOWLES, MARK A  
Address: 11250 OLD ST AUGUSTINE RD 15-182  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK A. KNOWLES

V

03/10/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date