


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90036 002 ***150.00

DOCUMENT # P07000003724 1. Entity Name MEDIEVAL, INC.					
Principal Place of Business 3914 MANDARIN WOODS DR NORTH JACKSONVILLE, FL 32223 US			Mailing Address 3914 MANDARIN WOODS DR NORTH JACKSONVILLE, FL 32223 US		
2. Principal Place of Business - No P.O. Box # 3914 Mandarin Woods Dr North		3. Mailing Address 3914 Mandarin Woods Dr North			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 20-8196078	
Zip 32223		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBERLIN, TIM 3914 MANDARIN WOODS DR NORTH JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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: <u><i>Tim Chamberlin</i></u> DATE: <u>3/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHAMBERLIN, TIM 3914 MANDARIN WOODS DR NORTH JACKSONVILLE, FL 32223		<input type="checkbox"/> Delete		
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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: <u><i>Tim Chamberlin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/23/08 504 742 6738 <small>Date Daytime Phone #</small>		