FILED
Mar 12, 2008 8:00 am
Secretary of State

02-19-2008 90015 020 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000009812

1. Entity Name
LAW OFFICE OF ALPHONSE B. PERKINS, P.A.

Principal Place of Business	Mailing Address
220 EAST FORSYTH STREET, SUITE 206 JACKSONVILLE, FL 32202	220 EAST FORSYTH STREET, SUITE 206 JACKSONVILLE, FL 32202

6600333⁴

02152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
220 E Forsyth St	220 E Forsyth St.
Suite, Apt. #, etc.: Suite E	Suite, Apt. #, etc.: Suite E
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 Country: Duval	Zip: 32202 Country: Duval

4. FEI Number 208233339 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERKINS, ALPHONSE B 220 EAST FORSYTH STREET, SUITE 206 JACKSONVILLE, FL 32202	Name: Perkins, Alphonse B. Street Address (P.O. Box Number is Not Acceptable): 220 E Forsyth St. Suite E City: Jacksonville FL Zip Code: 32202

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: Alphonse B. Perkins DATE: 2/15/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, ALPHONSE B 220 EAST FORSYTH STREET, SUITE 206 JACKSONVILLE, FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perkins, Alphonse B 220 E Forsyth St. Suite E Jacksonville, FL 32202 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: A B Perkins 2/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #