
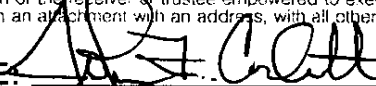


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-07-2008 90034 040 \*\*\*150.00

<b>DOCUMENT # P07000041746</b> 1. Entity Name <b>WAKEFIELD PLACE, INC.</b>					
Principal Place of Business <b>402 EAST 63RD STREET JACKSONVILLE FL 32208</b>			Mailing Address <b>402 EAST 63RD STREET JACKSONVILLE FL 32208</b>		
2. Principal Place of Business - No P.O. Box # <b>402 EAST 63rd Street</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 12931</b> Suite, Apt. #, etc.		
City & State <b>Jacksonville, Florida</b> Zip <b>32208</b> Country <b>Duval</b>		City & State <b>Jacksonville FLA</b> Zip <b>32209</b> Country <b>Duval</b>		4. FEI Number <b>20-8790572</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MITCHELL-REED, MONICA 402 EAST 63RD STREET JACKSONVILLE FL 32208</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO CORBITT, JOHN M 3610 CLYDE DRIVE JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MITCHELL-REED, MONICA 1416 WEST 9TH STREET JACKSONVILLE FL 32209</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S W. LARRY GREEN 2007 FOREST-HILLS ROAD JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CARUTHERS, SARAH 1517 RIBAUTL SCENIC DRIVE JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CORBITT, CHARLIE E 4253 KATANGA DRIVE EAST JACKSONVILLE FL 32209</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>JOHN M. CORBITT</b> 3/17/08 904-699-0572					