2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P07000046230 1. Entity Name



FILED Jun 02, 2008 8:00 am Secretary of State 06-02-2008 90004 004 ***158.75

| CORPORATION CORPORATION | | | | | | 00-02-2008 | 70004 004 1 | 36.73 |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|----------------------|--------------------------|----------------------------------------|-------------------------------|------------------------------------------------|-------------------------------|
| Principal Place | on of Rusinoss | Mailing Address | | | 1 6 | | | |
| Principel Place of Business 11367 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257 | | 10958 HORSE TRACK DRIVE JACKSONVILLE, FL 32257 | | | | | | |
| | | | | | | R BUAN IERH EUIN ERIN T | 71 fo ra fora (1848 1841) | TURT () (188) |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 05262008 | Chg-P | CR2E034 (12/06 |) |
| City & State | | City & State | | | 4. FEI Numb | 396269 | 7 | Applied For Not Applicable |
| Zìp | Country | Zip | Country | | | e of Status Desired | \$8.75 A Fee Requi | |
| | 6. Name and Address of Current I | Registered Agent | | | 7. Name an | d Address of New I | Registered Agent | |
| | | Name | | ne | | | | |
| BURKETT, AARON L SR. 10958 HORSE TRACK DRIVE 10958 HORSE TRACK DRIVE 10958 JACKSONVILLE, FL 32257 | | . Street Addr | | et Address (| ss (P.O. Box Number is Not Acceptable) | | | |
| JACKSON | VILLE, FL 32237 | ÷ | | | | | • | |
| | | -è .• | City | | | | FL Zip Co | de |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its | registered office | e or register | red agent, or be | oth, in the State of Fl | orida. I am familiar witl | n, and accept |
| tue obliga | ions or registered agent. | | | | | 4 | | |
| SIGNATURE. | Signature, typed or printed name of registered agent a | ad title if applicable (MOTE | : Registered Agent | | durban minutations | <u> </u> | DATE | |
| | ogradus, typos a pariod retrie or logista ou agont a | (1707L | . registered Agent | - Transfer of the second | 2 Wilder Gallistating) | T | DATE | |
| FILE NOWILL FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Trust Fund Contribu | | | • • | | .00 May Be led to Fees | In accordance corporation did | with s. 607.193(2)(b) not receive the prior | , F.S., the notice. |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFF | FICERS AND DIRECTO | R\$ IN 11 |
| TITLE | P | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME | BURKETT, BEVERLY Y | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE, FL 32257 | | STREET ADDR | ·SS | | | | |
| TITLE | CFO | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME | BURKETT, AARON L SR. | L Dage | NAME | | | | | |
| STREET ADDRESS | 10958 HORSE TRACK DRIVE | | STREET ADOR | ss | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32257 | ·· | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | MILE | | | | Change | Addition |
| NAME STREET ADDRESS | | | NAME Street ador | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | .33 | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | STREET ADDR | 22 | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRI | ss | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ~ | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | STREET ADDRE | ss | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | <u> </u> | | |
| 17 I horoby | certify that the information supplied with t | this tiling door not qualify for | | an annoninad | Lin Chapter 11 | D. Elevido Statutos I | further earlie, that the | intermetion |

indicated on this report or supplied with this limit does not quality for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

HOLL SERVING OFFICER OR DIRECTOR

(904)316-6738 5-27-08