

FILED
Jun 16, 2008 8:00 am
Secretary of State

04-17-2008 90025 030 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000056523

1. Entity Name
PELLUMB SADIKAJ INC.



Principal Place of Business
3873 BALD EAGLE LANE
JACKSONVILLE, FL 32257

Mailing Address
3873 BALD EAGLE LANE
JACKSONVILLE, FL 32257

66014400



03142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0138629

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

SADIKAJ, PELLUMB
3873 BALD EAGLE LANE
JACKSONVILLE, FL 32257

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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 P
NAME SADIKAJ, PELLUMB
STREET ADDRESS 3873 BALD EAGLE LANE
CITY- ST- ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP
NAME HAWKINS, CHRISTOPHER P
STREET ADDRESS 1653 SAMONTEE RD
CITY- ST- ZIP JACKSONVILLE, FL 32211

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SVP
NAME PAWELLA, FRANK D
STREET ADDRESS P.O. BOX 854
CITY- ST- ZIP JACKSONVILLE, FL 32210

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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: Nexhmij 2 Sadikaj

03/24/08 904-647-0774