

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90197 011 ***150.00

60034116



04242008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0657843** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

LUNETTA, PAUL J
806 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name **Lunetta, Paul J.**
Street Address (P.O. Box Number is Not Acceptable) **501 Riverside Avenue**
Suite 1000
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 *Paul J. Lunetta* (NOTE: Registered Agent signature required when reinstating) 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEN, M C III	
STREET ADDRESS	806 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLEY, WILLIAM P II	
STREET ADDRESS	601 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNETTA, PAUL J	
STREET ADDRESS	806 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, RICHARD	
STREET ADDRESS	1301 RIVERPLACE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEN, PAUL M	
STREET ADDRESS	1301 RIVERPLACE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harden, M. C III	
STREET ADDRESS	501 Riverside Avenue, Suite 1000	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lunetta, Paul J.	
STREET ADDRESS	501 Riverside Avenue, Suite 1000	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brock, Richard	
STREET ADDRESS	501 Riverside Avenue, Suite 800	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Paul J. Lunetta* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #