


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90202 006 \*\*\*158.75

<b>DOCUMENT # P07000088657</b>	
1. Entity Name <b>WILNER BLOCK, P.A.</b>	

Principal Place of Business <b>6817 SOUTHPOINT PARKWAY, SUITE 2502 JACKSONVILLE, FL 32216</b>	Mailing Address <b>6817 SOUTHPOINT PARKWAY, SUITE 2502 JACKSONVILLE, FL 32216</b>
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**40089371**



2. Principal Place of Business - No P.O. Box # <b>3127 Atlantic Blvd.</b>	3. Mailing Address <b>3127 Atlantic Blvd.</b>
Suite, Apt. #, etc. <b>Suite 3</b>	Suite, Apt. #, etc. <b>Suite 3</b>

02012008 Chg-P CR2E034 (12/06)

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32207</b>	Zip <b>32207</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>26-0662919</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311</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	

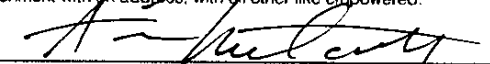
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILNER, NORMAN 6817 SOUTHPOINT PARKWAY, SUITE 2502 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Wilner, Norwood S. 3127 Atlantic Blvd., Suite 3 Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, STEPHANIE 6817 SOUTHPOINT PARKWAY, SUITE 2502 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVP Hartley, Stephanie J. 3127 Atlantic Blvd., Suite 3 Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Aaron Metcalf 3127 Atlantic Blvd., Suite 3 Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 an other like empowered.

**SIGNATURE:**  **4/29/08 (904) 446-9817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #