

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122343

FILED
Apr 28, 2008
Secretary of State

Entity Name: SPANISH WELLS INVESTMENTS, INC.

Current Principal Place of Business:

4334 ARCH CREEK DRIVE
JACKSONVILLE, FL 32257

New Principal Place of Business:

11361-1 TRADE COURT
JACKSONVILLE, FL 32256

Current Mailing Address:

4334 ARCH CREEK DRIVE
JACKSONVILLE, FL 32257

New Mailing Address:

P.O. BOX 56813
JACKSONVILLE, FL 32241

FEI Number: 41-2257973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

JENKINS, MICHAEL A
4334 ARCH CREEK DRIVE
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: MICHAEL A. JENKINS

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JENKINS, MICHAEL A
Address: 4334 ARCH CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: TSD () Delete
Name: JENKINS, KRISTY A
Address: 4334 ARCH CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: EXVP () Delete
Name: NEWMAN, H. JAMES
Address: 3637 SILVERY LANE
City-St-Zip: JAX, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTY A. JENKINS

TSD

04/28/2008

Electronic Signature of Signing Officer or Director

Date