

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P33942

1. Entity Name

JOHN WIELAND HOMES OF JACKSONVILLE, INC.



Principal Place of Business

6656 COLUMBIA PARK DR.
SUITE # 5
JACKSONVILLE, FL 32225

Mailing Address

1950 SULLIVAN ROAD
ATTN: RICHARD A. BACON
ATLANTA, GA 30337 US



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number

58-1942818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, ADAM
6656 COLUMBIA PARK DR.
SUITE #5
JACKSONVILLE, FL 32258

**DO NOT WRITE
IN THIS SPACE**

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 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	PD
NAME	WIELAND, JOHN F.
STREET ADDRESS	1950 SULLIVAN RD.
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	VAS
NAME	BACON RICHARD A.
STREET ADDRESS	1950 SULLIVAN RD.
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	CFO
NAME	BACON, RICHARD A
STREET ADDRESS	1950 SULLIVAN RD
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	VP
NAME	ANDERSON, ADAM
STREET ADDRESS	14679 SILVER GLEN RD EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	SDT
NAME	WEILAND SUSAN W.
STREET ADDRESS	1950 SULLIVAN RD.
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/08-80014-021,150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD A BACON

3/10/08 770-703-2205