



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90009 036 \*\*\*150.00

<b>DOCUMENT # P93000007034</b> 1. Entity Name <b>CARDINAL VENTURES, INC.</b>			
Principal Place of Business <b>6001-21 ARGYLE FOREST BLVD #344 JACKSONVILLE, FL 32244 US</b>		Mailing Address <b>C/O PHILIP THOMAS LONGACRE <del>6121 COLLINS RD., #184</del> <del>JACKSONVILLE, FL 32244</del></b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>10912 STANTON HILLS DR. E.</b> Suite, Apt. #, etc. City & State <b>JACKSONVILLE FL</b> Zip Country <b>32222-1463 USA</b>	
			
		01042008 Chg-P CR2E034 (12/06)	
		4. FEI Number <b>59-3159703</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LONGACRE, PHILIP T <del>6121 COLLINS RD., #184</del> <del>JACKSONVILLE, FL 32244</del></b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10912 STANTON HILLS DR. EAST</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32222-1463</b>	
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 <u><i>Philip Thomas Longacre</i></u> DATE <u>2-11-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST LONGACRE, PHILIP T <del>6121 COLLINS RD., #184</del> <del>JACKSONVILLE, FL 32244</del>	TITLE	10912 STANTON HILLS DR. EAST JACKSONVILLE, FL 32222-1463
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	LONGACRE, LINDA K.	NAME	
STREET ADDRESS	6121 COLLINS ROAD, #184	STREET ADDRESS	10912 STANTON HILLS DR. EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP	JACKSONVILLE FL 32222-1463
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u><i>Philip Thomas Longacre</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-11-08</u> Daytime Phone # <u>904-777-1493</u>	