

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90035 003 \*\*\*150.00

<b>DOCUMENT # P93000063144</b>					
1. Entity Name <b>GARY A. BUBB, P.A.</b>					
Principal Place of Business <b>6975 ALMOURS DR JACKSONVILLE, FL 32217 US</b>			Mailing Address <b>PMB #112 6047 ST. AUGUSTINE RD. JACKSONVILLE, FL 32217 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 551300</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05152008 Chg-P CR2E034 (12/06)	
City & State		<b>JACKSONVILLE FLA.</b>		4. FEI Number <b>59-3199867</b>	
Zip <b>32255-1300</b>		Country <b>USA</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUBB, GARY A 6975 ALMOURS DR. JACKSONVILLE, FL 32217</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</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 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BUBB, GARY A 6975 ALMOURS DR. JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			5/15/08 Date Daytime Phone # 904-636-0202		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					