

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90011 036 \*\*\*150.00

<b>DOCUMENT # P94000037134</b>						
<b>1. Entity Name</b> ROBERT L. MCLEOD II, P.A.						
<b>Principal Place of Business</b> 1200 PLANTATION ISLAND DR. S. 140 ST. AUGUSTINE, FL 32080 US			<b>Mailing Address</b> 1200 PLANTATION ISLAND DR. S. 140 ST. AUGUSTINE, FL 32080 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b>		<b>City &amp; State</b>				
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> 59-3245819		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent-</b>			<b>7. Name and Address of New Registered Agent</b>			
MCLEOD, ROBERT L 1200 PLANTATION ISLAND DR. S. 140 ST. AUGUSTINE, FL 32080			Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> MCLEOD, ROBERT L II		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1200 PLANTATION ISLAND DR. S. #140	<b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32080		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<b>NAME</b>	
<b>TITLE</b> ST	<b>NAME</b> MCLEOD, BARBARA F		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> ST	<b>NAME</b> mcleod, Barbara F.	
<b>STREET ADDRESS</b> 8950 OLD A1A BEACH ROAD	<b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32080		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 8950 Old A1A South	<b>CITY-ST-ZIP</b> Saint Augustine, FL 32080	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>						
<b>SIGNATURE:</b> _____				2/25/2008 904.471.5007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		