

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000057885

1. Entity Name

EXCLUSIVE PROPERTIES OF JACKSONVILLE INC.



1/7/08 FILED
Jan 10, 2008 08:00 AM
check # 3121
Secretary of State
\$150.00

Principal Place of Business

5601 TIMUQUANA RD
SUITE 1
JACKSONVILLE FL 32210
JS

Mailing Address

5601 TIMUQUANA RD
SUITE 1
JACKSONVILLE FL 32210
US



2. Principal Place of Business

5601 TIMUQUANA RD

Suite, Apt. #, etc.

Suite 1

City & State

JACKSONVILLE FLORIDA

Zip

32210

Country

Duval

3. Mailing Address

5601 TIMUQUANA RD.

Suite, Apt. #, etc.

Suite 1

City & State

JACKSONVILLE FLORIDA

Zip

32210

Country

Duval

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3241699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALMOJERA, PILARITA M
5601 TIMUQUANA ROAD
SUITE 1
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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 PILARITA M. ALMOJERA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

1/7/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ALMOJERA, BEVERLY M	
STREET ADDRESS	5601 TIMUQUANA ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	D	☐ Delete
NAME	ALMOJEKA, PILARITA M	
STREET ADDRESS	5601 TIMUQUANA ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	D	☐ Delete
NAME	ALMOJERA, BLANCHE M	
STREET ADDRESS	5601 TIMUQUANA ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	600000779298	
CITY-STATE-ZIP	01/11/08-80032-004 150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PILARITA M. ALMOJERA

1/7/08

(904) 778-1118 (office)

(904) 993-3429 (cell)