


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90014 002 ***150.00

DOCUMENT # P95000007196

1. Entity Name
STOKES-NORTHLAKE, INC.



Principal Place of Business Mailing Address
4315 PABLO OAKS COURT, STE. 1 **4315 PABLO OAKS COURT, STE. 1**
JACKSONVILLE, FL 32224-9667 **JACKSONVILLE, FL 32224-9667**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02152008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3294043 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

STOKES, E CHESTER JR
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	STOKES, E CHESTER JR	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, JOHN P	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLM, MALLORY G	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: John P Moore **John P Moore** 2/6/08 (904) 482-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #