2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P95000091846

FLORIDA FINANCIAL GROUP, INC.



FILED Feb 27, 2008 08:00 Al Secretary of State

Principal Place of Business 4190 BELFORT ROAD SUITE 300

Mailing Address 4190 BELFORT ROAD

SUITE 300 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 02212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3537126 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATSON, TODD DO NOT WRITE 7785 BAYMEADOWS WAY JACKSONVILLE, FL 32256 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE UUUUUU841262 03/10/08-80010-006 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PST** TITLE NAME FORRESTER JR., WILLIAM 4190 BELFORT ROAD STE 300 STREET ADDRESS JACKSONVILLE, FL 32216 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 rify 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 in changed, or on an attachment with an address, with all other like empowered. y signature shall have the same legat effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY - ST - 7(P TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR F D NAME OF SIGNING OFFICER OR DIRECTOR

Date