2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P96000058457

Entity Name: ELIZ, INC.

Current Principal Place of Business:

3811 MCGIRTS BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

4000B ST. JOHNS AVE
JACKSONVILLE, FL 32205 US

Current Mailing Address:

3811 MCGIRTS BLVD
JACKSONVILLE, FL 32210

New Mailing Address:

4000B ST. JOHNS AVE
JACKSONVILLE, FL 32205 US

FEI Number: 59-3396383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTON, WILLIAM H JR
3811 MCGIRTS BLVD.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CORSE, JOHN D
4000B ST. JOHNS AVE
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: JOHN D CORSE 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALTON, ELIZABETH S
Address: 3811 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210 F

Title: V ( ) Delete
Name: WALTON, WILLIAM H JR
Address: 3811 MCGIRTS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: S/T ( ) Delete
Name: WALTON, ALONZO D
Address: 1819 CHALLEN AVE
City-St-Zip: JACKSONVILLE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALTON, ELIZABETH S
Address: 3811 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: V (X) Change ( ) Addition
Name: WALTON, WILLIAM H JR
Address: 3811 MCGIRTS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ST (X) Change ( ) Addition
Name: WALTON, ALONZO D
Address: 1819 CHALLEN AVE
City-St-Zip: JACKSONVILLE, FL 32305 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALONZO D. WALTON ST 04/30/2009
Electronic Signature of Signing Officer or Director Date