## FILED **2008 FOR PROFIT CORPORATION** Jan 28, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P97000077008 1. Entity Name M. NAN JOBSON, P.A. Mailing Address Principal Place of Business 224 30TH AVE S 224 30TH AVE S JACKSONVILLE, FL 32250 JACKSONVILLE, FL 32250 CR2E034 (11/05) No Chg-P 01252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3467135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOBSON, NAN DO NOT WRITE 224 30TH AVE S JACKSONVILLE, FL 32250 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE JOBSON, NAN NAME U00000803509 02/05/08-80028-012 150.00 224 30TH AVE S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32250 TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 poort 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

SIGNATURE:

SGNATURE AND TYPED OR

NAME STREET ADDRESS CiTY-ST-ZIP

M. Non Jubsun