## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000091697

Entity Name: JACKSONVILLE BANCORP, INC,

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
STE 1000	I LAURA ST ILLE, FL 32202	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
STE 1000	I LAURA ST ILLE, FL 32202	US			
FEI Number: 5	59-3472981 F	El Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Curi	rent Registered Agent:	Name and Address of	of New Registered Agent:	
RAX CO. C/O MCGUIRE WOODS, LLP 50 N LAURA ST., SUITE 3300 JACKSONVILLE, FL 32202 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:					
	Electronic S	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Del CARTER, MICHAEL 2709 SOUTH OCEA JACKSONVILLE BE	. D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Del KENDALL, VALERII 100 N LAURA ST S' JACKSONVILLE, FI	E A TE 1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Del MILLS, R.C. 105 MIDDLETON P PONTE VEDRA BEA	LACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () Del POMAR, GILBERT 100 N LAURA ST., S JACKSONVILLE, FI	J III SUITE 1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Del SCHULTZ, JOHN R 1823 SEMINOLE R JACKSONVILLE, FI	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS ( ) Del SCHWENCK, PRIC 342 ROYAL TERN I PONTE VEDRA BEA	E W ROAD S	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: VALERIE A. KENDALL VP 04/16/2007