


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000000585				
1. Entity Name VOLPE, BAJALIA, WICKES, ROGERSON & WACHS, P.A.				
Principal Place of Business 501 RIVERSIDE AVE. 7TH FLOOR JACKSONVILLE, FL 32202 US		Mailing Address 501 RIVERSIDE AVE. 7TH FLOOR JACKSONVILLE, FL 32202 US		
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	

FILED

08 DEC 24 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12192008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3487272		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VOLPE, TIMOTHY W ESQ. 501 RIVERSIDE AVE. 7TH FLOOR JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLPE, TIMOTHY W ESQ 501 RIVERSIDE AVE. 7TH FLOOR JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wachs, Alan S. Esq. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Riverside Ave. 7th Floor Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WICKES, LESLIE A ESQ 501 RIVERSIDE AVE. 7TH FLOOR JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Michael D. Esq. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 501 Riverside Ave. 7th Floor Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAJALIA, MICHAEL M ESQ 501 RIVERSIDE AVE. 7TH FLOOR JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duncan, Michael L. Esq. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 501 Riverside Ave. 7th Floor Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERSON, JOHN T III 501 RIVERSIDE AVE. 7TH FLOOR JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHS, ALAN S ESQ 501 RIVERSIDE AVE. 7TH FLOOR JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600139272016 12/24/08--01046--016 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Jm 12/30

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:  **Leslie A. Wickes** 904-355-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #