2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

1. Entity Nar	IMENT # P98000092 THE ER, BLACKLEY AND MAGA				-25-2008 90141		
Principal Place of Business 2818 CORTEZ ROAD JACKSONVILLE, FL 32246-3718		Mailing Address 2818 CORTEZ ROAD ACKSONVILLE, FL 32246-3718					
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address	···· ·· · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008	Chg-P	CR2E034 (12/06)
City & State		City & State		4. FEI Numb		 	Applied For
Zip	Country	Zip	Country	59-354 5. Certificate	a of Status Desired	□ \$8.75 A	
 	6. Name and Address of Current	Pagistand Agent			-	Fee Hequir	red
	o. Name and Address of Content	r nagisteraci Agent	Name -		d Address of New R		
WOLF, WAYNE A					, Willean		
3733 UNIVERSITY BOULEVARD WEST			Street A	ddress (P.O. Box Numi	er is Not Acceptable	9)	
SUITE 203 JACKSONVILLE, FL 32217			2	910 1-	- 72		
JACKSONVILLE, FL 32217			4	818 Con	iez kaa	<i>1</i> >	
	·		City	ACKSONV	1115	FL 39	24
8. The above	e named entity submits this statement to	or the purpose of changing its	registered office or	registered agent, or bo	oth, in the State of Flo	rida. I am familiar with	n, and accer
the oblica	itions of countries agent	_ //					
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SIGNATURE	UV CO		<u> </u>	· · · · · · · · · · · · · · · · · · ·	4	-25-08	<u> </u>
	10000	end the if applicable. (NOTE	: Registered Agent signatu	ure required when reinstating)	4	-23-08 DATE	<u> </u>
SIGNATURE	UV CO	9. Election Campaig	gn Financing	re required when reinstating) \$5.00 May Be Added to Fees	4	-25-68 DATE	<u> </u>
SIGNATURE.	Signature, hyperd or printed name of registered agent E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contr	gn Financing ibution.	\$5.00 May Be Added to Fees	(CHANGES TO OFF	-25-68 DATE	30.111.44
SIGNATURE	Signature, hyped or printed name of registered agent	9. Election Campaig Trust Fund Contr	gn Financing ibution.	\$5.00 May Be Added to Fees	/CHANGES TO OFFI	CERS AND DIRECTOR	
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TITLE

NAME

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

WILLIAM R. GATTANO

STREET ADDRESS

CITY-ST-ZIP

4-23-08/19 50

Change

☐ Additi∈

^{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 changed, an array attachment with an address, with all other like empowered.