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FILED :00 AN tate

ANNUAL REPORT					Apr 03, 2008 08:				
1. Entity Name	MENT # P980001013				Secreta	ry of S			
Principal Place 2240 LAKE D JACKSONVILL		Mailing Address 2240 LAKE DRIVE JACKSONVILLE, FL 32246] 		11 /18 11 2111 1 11 118 111// 3			
ח	O NOT WRITE	IN THIS SPA	CE	04012008	No Chg-P	CR2E034 (11			
			· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-354			Not Applicable Additional		
			<u> </u>			Fee Re	quired		
ELLIOTT, I		egistered Agent		DO	NOT W	RITE			
	VILLE, FL 32246			IN T	THIS SF	ACE			
P. The shows	named entity submits this statement for	he purpose of changing its regist	ered office or registe	red agent or ho	th in the State of Flo	rida Lam familiar	with, and accept		
	ions of registered agent.	the barbose or changing its regist	area office of registe	agont, or oc	ATT THE GLAD OF THE	31.00t, 1.0111.011.			
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Regis	iared Agent signature require	d when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	S. Election Campaign Fir Trust Fund Contribution	eancing \$5 on,	.00 May Be ded to Fees					
10.	OFFICERS AND D	IRECTORS							
TITLE	PSD STATE OF THE PSD		. :						
NAME STREET ADORESS	ELLIOTT, FRED S 2240 LAKE DRIVE		•		HAAA	00878763			
CITY-ST-ZIP	JACKSONVILLE, FL 32246					8 –8 006 9 –00	02 150.00		
TITLE	TD								
NAME	STANLEY, ROBERT D								
STREET ADDRESS CITY-S1-ZIP	2240 LAKE DRIVE JACKSONVILLE, FL 32246		ŗ	•					
TITLE	BACKGOIVILLE, I'L BZZ4G		-1	•					
NAME	·				•		•		
STREET ADDRESS				DO	NOT W	RITE			
CITY-ST-ZIP			_	2.	•				
TITLE NAME				IN	THIS SI	PACE			
STREET ADDRESS				i	· I				
CITY-ST-ZIP					,	•			
TITLE			1 .		•				
NAME etucet anopece				•					
STREET ADORESS CITY-ST-ZIP			i						
TITLE		<u></u>	-(
NAME		•	1						

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.

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STREET ADDRESS CITY-ST-ZIP

THE S COUNTY SIGNING OFFICER OR DIRECTOR

4-1-08 Dale

1904-838-4739

Daylime Phone #