


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P98000104190 1. Entity Name MLOP II, INC.					
Principal Place of Business 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667			Mailing Address 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3548397	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STOKES, E C JR 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME STOKES, E. CHESTER		<input type="checkbox"/> Delete		
STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1	CITY-ST-ZIP JACKSONVILLE, FL 322249667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME KUNKEL, JOHN C		<input type="checkbox"/> Delete		
STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1	CITY-ST-ZIP JACKSONVILLE, FL 322249667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME BRAREN, MICHAEL E		<input type="checkbox"/> Delete		
STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1	CITY-ST-ZIP JACKSONVILLE, FL 322249667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME HOLZ, F LOGAN		<input type="checkbox"/> Delete		
STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1	CITY-ST-ZIP JACKSONVILLE, FL 322249667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VT	NAME FREDENHAGEN, SHARON W		<input type="checkbox"/> Delete		
STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1	CITY-ST-ZIP JACKSONVILLE, FL 322249667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME HOLM, MALLORY G		<input type="checkbox"/> Delete		
STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1	CITY-ST-ZIP JACKSONVILLE, FL 322249667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Sharon W. Fredenhagen SHARON W. FREDENHAGEN					
Date 2/25/08 Daytime Phone # 904-482-1100					