

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 031 ***150.00

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DOCUMENT # P98000107229			
1. Entity Name JURNIGAN AND COMPANY			
Principal Place of Business 1406 NW 6TH ST A-1 GAINESVILLE, FL 32602		Mailing Address PO BOX 2082 GAINESVILLE, FL 32602	
2. Principal Place of Business - No P.O. Box # 410 NW 16th Ave		3. Mailing Address Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State	
Zip 32601	Country Alachua	Zip	Country
6. Name and Address of Current Registered Agent ROBINSON, COULTNEE J 7237 SW 22ND PL GAINESVILLE, FL 32607		4. FEI Number 59-3562454	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent Name SAME - NO Change Street Address (P.O. Box Number is Not Acceptable) 3789 SW 72nd way City Gainesville FL Zip Code 32608	
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)			
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 NAME STREET ADDRESS CITY - ST - ZIP	P JURNIGAN, JOHN W 17120 SE 148TH ST. HAWTHORNE, FL 32640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 5/11/08 352-376-8080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John W. Jurnigan		Date Daytime Phone #	