2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P9900086882 1. Entity Name MORALES INVESTMENTS OF JACKSONVILLE, INC.						04-09-2007	90097 001 ***15	0.00	
6950 PHILLIPS HWY STE 15 MCKSONVILLE, FL 32216 M	Principal Plac	e of Rusinoss	Mailing Address			∃ ⊿110	55250			
Sulio, Apt. #, etc. Sulio, Apt. #, etc. Sulio, Apt. #, etc. D1042007 ChgP CR2E034 (12/06) S. Certificate of Sature Desired Sature Desired Desired Sature Desired Sature Desired Sature Desired Sature Desired	6950 PHILILPS HWY STE 15 6950 PHILILPS HWY STE 15						· .			
City & State	Principal Place of Business - No P.O. Box # 3. Mailing Address									
20	Suite, Apt. #, etc. Suite, Apt. #, etc.					01042007	Chg-P	CR2E034 (12/06)	
ENDITION OF THE BIS \$150.00 After May 1, 2007 Fee will be \$550.00 THE MONATE MAKE MAKE STORYSLE, FL 32216 THE MONATE MAKE MAKE STORYSLE, FL 32216 THE MONATE MAKE MAKE MAKE	City & Stat	е	City & State	City & State				├	· · · · · · · · · · · · · · · · · · · 	
RAX CO. 50 N LAURA ST. STE. 3300 JACKSONVILLE, FL 32202 City FL Zip Code City FL State of Robids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Robids. I am familiar with, and accept the obligations of registered agent. Cross the obligation required in printed range agent and the 7 applicable. SIGNATURE FILE NOWHI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10.	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
RAX CO SO N LAURA ST. STE. 3300 JACKSONVILLE, FL 32202 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 termitiar with, and accept the obligations of registered agent. SIGNATURE PILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Agent		
STEE 3200 JACKSONVILLE, FL 32202 8. The above named offity submits his statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SSGNATURE SQUARM, hood or product rame of implement agent and site it accepts. Originater Agent algorithm required when remaining DATE	DAY CO			•	Name					
City FL Zip Code	50 N LAURA ST.				Street Address (P.O. Box Number is Not Acceptable)					
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 FILE NOWILL FEE IS \$15.0.00 After May 1, 2007 Fee will be \$55.0.00 9. Election Carrapaign Financing Trust Fund Contribution. 9. Election Carrapaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MORALES, RICARDO III 8950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216 ITILE D HOWARD, MARCIA M SIRET MORESS OITY-S1-2P ADCKSONVILLE, FL 32216 ITILE D HOWARD, MARCIA M NAME SIRET MORESS OITY-S1-2P ADCKSONVILLE, FL 32216 ITILE HOWARD, MARCIA M NAME SIRET MORESS OITY-S1-2P ACKSONVILLE, FL 32216 ITILE HOWARD, LAURENCE W III 8950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216 ITILE HOWARD, LAURENCE W III 8950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216 ITILE AS SIRET MORESS OITY-S1-2P Delete TITLE AS SIMMONS, JANETTE H SIRET MORESS OITY-S1-2P Delete TITLE AS SIMMONS, JANETTE H SIRET MORESS OITY-S1-2P Delete TITLE AS SIMMONS, JANETTE H SIRET MORESS OITY-S1-2P Delete TITLE AS SIMMONS, JANETTE H SIMMONS, JANETTE H SIMMONS, JANETTE H SIMMONS, JANETTE S SIRET MORESS OITY-S1-2P TITLE AS SIMMONS, JANETTE H SIMMONS, JANETTE S SIRET MORESS OITY-S1-2P TITLE AS SIMMONS, JANETTE S SIRET MORESS OITY-S1-2P Change Addition NAME SIRET MORESS OITY-S1-2P Change Addition NAME SIRET MORESS OITY-S1-2P TITLE AS SIMMONS, JANETTE H SIMMONS, JANETTE S SIRET MORESS OITY-S1-2P Change Addition NAME SIRET MORESS OITY-S1-2P Change Addition NAME SIRET MORESS OITY-S1-2P TITLE TITLE NAME SIRET MORESS OITY-S1-2P TITLE NAME SIRET MORESS OITY-S1-2P TITLE NAME SIRET MORESS OITY-S1-2P TITLE NAME SIRET MOR										
THE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Prices AND DIRECTORS IT II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT III. NAME SITERI ADDRESS CITY-ST-ZIP ACKSONVILLE, FL 32216 CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP J					City			FL Zip Co	de	
Supertives, hybrid of printed name of registered Agent and utile if applications in the properties of the properties o	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.									
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. : OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MORALES, RICARDO III MAME MAM										
TITLE	LIEF HOATH LEE 19 4120:00									
MORALES, RICARDO III 6950 PHILIPS HWY STE 15 JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE D HOWARD, MARCIA M 6950 PHILIPS HWY STE 15 JACKSONVILLE, FL 32216 TITLE D NAME STREET ADDRESS CITY-ST-2IP TITLE D NAME HOWARD, MARCIA M 6950 PHILIPS HWY STE 15 JACKSONVILLE, FL 32216 TITLE NAME HOWARD, LAURENCE W III STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
STREET ADDRESS G17V-ST-ZIP		•	☐ Delete					☐ Change	☐ Addition	
CITY-S1-ZIP		· ·								
TITLE NAME NAME KING, T. F. III SITRET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 Delete TITLE D HOWARD, MARCIA M 6950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216 TITLE VPS JACKSONVILLE, FL 32216 TITLE VPS HOWARD, LAURENCE W III SITRET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE NAME HOWARD, LAURENCE W III SITRET ADDRESS CITY-ST-ZIP TITLE AS SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS SIR	l				1					
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP	TITLE			TITLE	-		-	☐ Change	☐ Addition	
CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H G950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H G950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A	NAME			NAME	ŀ					
TITLE NAME HOWARD, MARCIA M 6950 PHILIPS HWY STE 15 CITY-ST-ZIP ITILE NAME HOWARD, LAURENCE W III STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H 6950 PHILLIPS HWY STE 15 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H 6950 PHILLIPS HWY STE 15 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	l -									
NAME STREET ADDRESS CITY-ST-ZIP TITLE VPS HOWARD, LAURENCE W !!! STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS				 -	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE VPS HOWARD, LAURENCE W III 6950 PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SIMMONS, JANETTE H STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	l		L.i Delete	1				☐ Change	☐ Addition	
TITLE NAME HOWARD, LAURENCE W III STREET ADDRESS CITY-S1-ZIP AS SIMMONS, JANETTE H STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32216 CITY-S1-ZIP CHARGE STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-S1-ZIP CHARGE ADDRESS CITY-S1-ZIP CHARGE ADDRESS STREET ADDRESS	l	•			i i					
NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	CATY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-	ST-ZIP					
STREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	TITLE		☐ Delete	TITLE				Change	Addition	
CITY-S1-ZIP JACKSONVILLE, FL 32216 CITY-S1-ZIP TITLE AS SIMMONS, JANETTE H SIMMONS, JANETTE H STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32216 CITY-S1-ZIP TITLE NAME STREET ADDRESS					l l					
TITLE NAME SIMMONS, JANETTE H SIMMONS, JANETTE H SOPO PHILLIPS HWY STE 15 JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS	Į.				1					
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE				☐ Change	Addition	
CITY-SI-ZIP JACKSONVILLE, FL 32216 CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE NAME STREET ADDRESS	NAME	SIMMONS, JANETTE H		NAME					_	
TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	l				- 1					
NAME , NAME STREET ADDRESS STREET ADDRESS		D. S. S. S. T. T. L. L. T. L. V. L. IV	☐ ∩oloto					Change	noitibh [
	1		_ Ociole					onange	Addition	
CITY-ST-ZIP	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						4:- 0:	A fileday Original	I E alian a a Ward a si si		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR