


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000105543		
1. Entity Name THE OAKS OF JACKSONVILLE, INC.		
Principal Place of Business 10275 C.E. WILSON RD. JACKSONVILLE, FL 32218	Mailing Address 10275 C.E. WILSON RD. JACKSONVILLE, FL 32259	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BOWN, WILLIAM G 10275 CE WILSON RD JACKSONVILLE, FL 32259		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BOWN, WILLIAM G 10275 CE WILSON RD JACKSONVILLE, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YS BOWN, CHERL 10275 CE WILSON RD JACKSONVILLE, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>William M. Bown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>FEBRUARY 27 2008</u> <u>904-540-0975</u> <small>Date Daytime Phone #</small>



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3624384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/11/08-80074-006 150.00