2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S06348

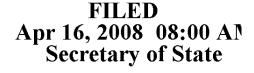
1. Entity Name

PROFESSIONAL-PROPERTY MANAGEMENT & ASSOCIATES, INC. OF JACKSONVILLE

Principal Place of Business
4333 ST. AUGUSTINE RD
#16 JACKSONVILLE FL 32207
US

Mailing Address

P. O. BOX 56103



#16 JACKSONVILLE FL 32207 US		JACKSONVILLE FL 32241 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite. Apt. #, etc		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)		
City & State		City & State		4. FEI Number 59-3031851 Applied For Not Applicable		
Zip	Country	Zıp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DROUGHT, PEGGY R 7837 BAYMEADOWS CIR W JACKSONVILLE FL 32256			Nanie	Nanie		
			Street Addr	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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Laggy Authorized have been accepted by the control of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both agent a						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State: 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD DROUGHT, PEGGY R	Defete	TITLE NAME	☐ Change ☐ Addition ☐ U00000899734		
STREET ADDRESS CITY-ST-ZIP	7837 BAYMEADOWS CIRCLE JACKSONVILLE FL 32256		STREET ADDRESS CITY-ST-ZIP	00000899734 04/28/08-80050-024 150.00		
TITLE	VPD .	□ De:ete	TITLE	☐ Change ☐ Addition		
NAME	SKAGGS, CLIFFORD L		NAME			
	8505 SHANE CT		STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32092		CITY+SI - ZIP			
INTE		☐ De-ete	TOLE	Change Addition		
NAME	•		NAME			
STREET ADDRESS			STREET ADDRESS			
CiTY-ST-ZIP			CITY-ST-ZIP			
nate		☐ Delete	THILE	☐ Change ☐ Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS	:		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
HAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
TITLE		☐ Deiele	TITLE	☐ Change ☐ Addition		
NAME		La Derote	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST ZIP			

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attacpment with an address, with all other like empowered.

Peggy R. Drough T Pres, 4/11/08 (904)448-6599 **SIGNATURE:**