


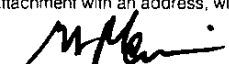


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90141 038 \*\*\*150.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # S91673</b><br>1. Entity Name<br><b>QUEENS HARBOUR PROPERTIES, INC.</b>   |   |  |   |                          |  |
| Principal Place of Business<br><b>13361 ATLANTIC BLVD.</b><br><b>JACKSONVILLE, FL 32225-3129</b>   |   |  | Mailing Address<br><b>13361 ATLANTIC BLVD.</b><br><b>JACKSONVILLE, FL 32225-3129</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. # etc<br><b>700 Ponte Vedra Lakes Blvd.</b><br><b>Ponte Vedra Beach, FL 32082-1260</b>   |   | 3. Mailing Address<br>Suite, Apt. # etc<br><b>700 Ponte Vedra Lakes Blvd.</b><br><b>Ponte Vedra Beach, FL 32082-1260</b> |   |                         |  |
| Zip<br>  |   | Country<br>  |   | 01292008    Chg-P    CR2E034 (12/06)  |  |
| 4. FEI Number<br><b>59-3100210</b>   |   |  |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MORRIS, GREG</b><br><b>2325 ULMERTON ROAD STE 20</b><br><b>CLEARWATER, FL 33762</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>MORRIS, GREG</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>700 Ponte Vedra Lakes Blvd.</b><br><b>Ponte Vedra Beach, FL 32082-1260</b><br>City <b>FL</b> 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.<br>SIGNATURE  <b>GREGORY D MORRIS</b> DATE <b>4/22/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>DODSON, J. THOMAS</b><br><b>18361 ATLANTIC BLVD</b><br><b>JACKSONVILLE, FL</b>      | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Dodson, J. Thomas</b><br><b>700 Ponte Vedra Lakes Blvd.</b><br><b>Ponte Vedra Beach, FL 32082-1260</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br><b>MORAN, GREG</b><br><b>2325 ULMERTON ROAD STE 20</b><br><b>CLEARWATER, FL 33762</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MORRIS, GREG</b><br><b>700 Ponte Vedra Lakes Blvd.</b><br><b>Ponte Vedra Beach, FL 32082-1260</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>RENE WOOD</del><br><del>751 W. KENNEDY BLVD #751</del><br><del>9</del>                 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>RENE WOOD</b><br><b>751 W. KENNEDY BLVD, #751</b><br><b>TAMPA, FLA 33609</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <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:  <b>GREGORY D. MORRIS</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | Date <b>4/21/08</b> Daytime Phone # <b>904.473.1147</b>   |   |  |