2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S96133

1. Entity Name
NORTHTOWNE, INC.

Principal Place of Business	Mailing Address
1620 HENDRICKS AVE.	1620 HENDRICKS AVE.
JACKSONVILLE, FL 32207 US	JACKSONVILLE, FL 32207 US

DO NOT WRITE IN THIS SPACE

40059304

04012008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3102589	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOHN C
1620 HENDRICKS AVE.
JACKSONVILLE, FL 32207

**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_____

   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, JOHN C
STREET ADDRESS	1620 HENDRICKS AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V
NAME	DAVIS, CATHERINE L
STREET ADDRESS	1620 HENDRICKS AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: _John C Davis_   4/1/08   (904) 398-0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #