

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90003 017 \*\*\*150.00

<b>DOCUMENT # V25931</b> 1. Entity Name <b>JAMES DAHL &amp; COMPANY, INC.</b>					
Principal Place of Business <b>1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE, FL 32207 US</b>			Mailing Address <b>1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE, FL 32207 US</b>		
2. Principal Place of Business - No P.O. Box # <b>120 BENT PINE COURT</b>		3. Mailing Address <b>PO BOX 449</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PONTE VEDRA BEACH FL</b>		City & State <b>PONTE VEDRA BEACH FL</b>		4. FEI Number <b>59-3116743</b>	
Zip <b>32082</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32004</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUDSON, M. ASHTON 1200 RIVER PLACE BLVD STE 902 JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name <b>M ASHTON HUDSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 RIVERSIDE AVE SUITE 902</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32202</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>2/13/08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAHL, JAMES 1200 RIVER PLACE BLVD., STE 902 JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAHL, WILLIAM 1200 RIVERPLACE BLVD, STE 902 JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAHOON, ART 1200 RIVER PLACE BLVD, STE 902 JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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>William L. Dahl Vice President</b> <b>2/5/08</b> <b>904-394-5242</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					