

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90013 019 \*\*\*150.00

**DOCUMENT # P05000119180**  
 1. Entity Name  
 NORTH FLORIDA PROPERTY INTERESTS, INC.



Principal Place of Business      Mailing Address  
 4595 LEXINGTON AVE              4595 LEXINGTON AVE  
 JACKSONVILLE, FL 32210      JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**

03102008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 20-3357581      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MOORE, SHIRLEY  
 4595 LEXINGTON AVE  
 JACKSONVILLE, FL 32210

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

**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	DP
NAME	MILNE, DOUG
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<del>DP</del> ✓
NAME	MILNE, JACK
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<del>DP</del> ASST V.P.
NAME	MILNE, JOE
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<del>GUARDIAN</del> SEC/TREAS
NAME	MARY M. EVANS
STREET ADDRESS	77 E. ANDREWS DR #392
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	MARY M. EVANS
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 all other like empowered.

SIGNATURE: DJ Milne    DS MILNE      4/30/08      904.387.5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #