

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 25, 2009  
Secretary of State**

DOCUMENT# N02000000220

Entity Name: I58 PROJECTS, INC.

**Current Principal Place of Business:**

412 FIRST STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

412 FIRST STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 22-3874181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCGLAUGHLIN, FLINT D  
412 FIRST STREET NORTH  
JACKSONVILLE BEACH, FL 32250      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MCGLAUGHLIN, FLINT  
Address: 308 THREE ISLAND COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD      ( ) Delete  
Name: FRANTZ, RICHARD L  
Address: 308 PHEASANT RUN  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: STOCKTON, ERIC  
Address: 2316 SW 11TH AVE  
City-St-Zip: JONESVILLE, FL 32669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLINT D. MCGLAUGHLIN

PD

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date