


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 15 AM 8:00

DOCUMENT # P02000065606

1. Entity Name
SBC PROPERTIES, INC.



Principal Place of Business 4176 PRIMA VISTA CIRCLE NORTH JACKSONVILLE, FL 32217	Mailing Address 4176 PRIMA VISTA CIRCLE NORTH JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

MRS

4. FEI Number 03-0459344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, R. SCOTT
4176 PRIMA VISTA CIRCLE NORTH
JACKSONVILLE, FL 32217

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRISON, R. SCOTT 4176 PRIMA VISTA CIRCLE NORTH JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MORRISON, BARBARA O 4176 PRIMA VISTA CIRCLE NORTH JACKSONVILLE, FL 32217
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01/23/04--01015--017 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *R. S. Morrison* R.S. MORRISON, PRES 1/5/04 904-448-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #