

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100157

Entity Name: 923 SOUTH, INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

923 UNIVERSITY BLVD. N.  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

845 UNIVERSITY BLVD. N.  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number: 81-0633344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOYLE, WILLIAM E ESQ.  
2121 CORPORATE SQUARE BLVD., SUITE 124  
JACKSONVILLE, FL 32216 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ADEEB, DAVID  
Address: 1229 ROMNEY ST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: FONTAINE, ADAM J  
Address: 300 NORTH 1ST ST  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ADEEB

PRES

04/28/2009

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

\_\_\_\_\_ Date