2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2007 08:00 AM Secretary of State

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DOCUMENT #	1/6	074	20		
DOCOMENT #	VO	UI	JU		
1. Entity Name					

Principal Place of Business

136 EAST BAY ST. JACKSONVILLE, FL 32202

10 SOUTH NEWNAN, INC.

Mailing Address

136 EAST BAY ST. JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

03082007		No Chg-P	CR2E034 (1	CR2E034 (11/05)				
4.	FEI Number				Applied For			
	60 24460	00						

4. FEI Number Applied For S9-3145686 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COKER, HOWARD C. 136 EAST BAY STREET JACKSONVILLE, FL 32202

DO NOT WRITE

Martin Policy and State of the Company of the Compa

8. The above the obligat	named entity submits this statement for the pations of registered agent.	ourpose of changing its register	red office or registered agent, or bo	th, in the State of Florida → am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Register	ed Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS		
TITLE	DP			
NAME	SCHICKEL, JOHN J			
STREET ADDRESS	136 EAST BAY STREET			Elle baymether with except of
CITY-ST-ZIP	JACKSONVILLE, FL			The state of the s
TITLE	DS NAME OF THE PROPERTY OF THE			000000660307
NAME STREET ADDRESS	MYERS, M. W 136 EAST BAY STREET			. 03/19/07-80020-017 150.0
CITY-ST-ZIP	JACKSONVILLE, FL			
ŤΠLE	DVP	<u> </u>		
NAME	COKER, HOWARD C		W S	
STREET ADDRESS	136 EAST BAY STREET		La Salano	NOT WOITE SHEET
CITY-ST-ZIP	JACKSONVILLE, FL		i, i Du	NOT WRITE
TITLE	DVP		La la la Calada I No.	THIS SPACE
NAME	SORENSON, CHARLES A		•	
STREET ADORESS	136 EAST BAY STREET		h the property of the same	Chamber of the transfer of the transfer of the
CITY-ST-ZIP	JACKSONVILLE, FL	<u></u>		
TITLE				
NAME Street address				Talk and a supplied to the first of the supplied to the suppli
CITY-ST-ZIP			4.	
TITLE			- Land Land	The destruction of the second second
NAME				

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 of 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 other like empowered.

SIGNATURE:

STREET ADDRESS City-St-Zip

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.07

904-356-6071

Daytime Phone