

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 392309

1. Entity Name
CESERY PROPERTIES, INC.



Principal Place of Business
**1450-3 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 US**

Mailing Address
**1450-3 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 US**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1370321	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

**CESERY JR, WILLIAM R
1450-3 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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

**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

11000000891180
04/23/08-50014-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	VDAS
NAME	CESERY, BARBARA H
STREET ADDRESS	1450-3 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	PD
NAME	CESERY JR., WILLIAM R
STREET ADDRESS	1450-3 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	
NAME	
STREET ADDRESS	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08
Date

904 396 9601
Daytime Phone #