

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 664352

1. Entity Name
SU OF JACKSONVILLE, INC.



FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business 2110 HERSCHEL STREET JACKSONVILLE, FL 32204 US	Mailing Address 2110 HERSCHEL STREET JACKSONVILLE, FL 32204 US
--	--



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1969646	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LORBANO III, THOMAS S
2110 HERSCHEL ST
JACKSONVILLE, FL 32204**

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
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LOBRANO, THOMAS S., III
STREET ADDRESS	10420 SYLVAN LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	CONGELIO, JAMES C.
STREET ADDRESS	1849 SEMINOLE RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DIR
NAME	LOBRANO, SHARYN A
STREET ADDRESS	10420 SYLVAN LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953898
07/10/08-80001-025 150.00

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

Date: **07/09/08** Daytime Phone #: **904-388-5002**