

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90049 013 ***150.00

DOCUMENT # G32646 1. Entity Name B & J SOUTHERN SALES, INC.			
Principal Place of Business 2398 (B) 63RD AVE E BRADENTON, FL 34203 US		Mailing Address 2398 (B) 63RD AVE E BRADENTON, FL 34203 US	
2. Principal Place of Business - No P.O. Box # 10330 CEDAR Crt Suite, Apt. #, etc. Suite 104 City & State JACKSONVILLE, FL Zip 32218 Country USA		3. Mailing Address 10330 CEDAR Crt Suite, Apt. #, etc. Suite 104 City & State JACKSONVILLE Zip 32218 Country USA	
4. FEI Number 59-2280932		Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SUTTON, SAMUEL J. 2398 (B) 63RD AVE E BRADENTON, FL 34203		7. Name and Address of New Registered Agent Name SUTTON SAMUEL J Street Address (P.O. Box Number is not acceptable) 10330 CEDAR Crt Ste 104 City JACKSONVILLE FL Zip Code 32218	
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 <u><i>Samuel J. Sutton</i></u> <u>5/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS NAME SUTTON, SAMUEL J. STREET ADDRESS 7521 CINNAMON LAKE DR CITY-ST-ZIP MIDDLEBURG, FL 32244	<input type="checkbox"/> Delete	TITLE PRE NAME SUTTON SAMUEL J. STREET ADDRESS 85211 AMAGANET RD. CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Samuel J. Sutton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/1/07</u> <u>904-338-0625</u> <small>Date Daytime Phone #</small>	