## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # G68955  1. Entity Name S & P PROPERTIES, INC.					* 4	L.ED 3 PM 3:04	
Principal Place of Business		Mailing Address			•••		
249 JOHN KNOX ROAD SUITE 127 TALLAHASSEE, FL 32303		3491-11 THOMASVILLE ROAD, #222 Tallahassee, FL 32308			TALLAHAS	RY OF STAIL SSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06262007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number 59-2382049		
Zip	Country Zip Count		ountry	5. Certificate	59-2382049   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name an	Address of New F	Registered Agent	
O'LEARY, PATRICK G.				Street Address (P.O. Box Number is Not Acceptable)			
249 JOHN KNO SUITE 100	OX RD.		Street Addres	ss (P.O. Box Numb	er is Not Acceptable	e) 	
TALLAHASSEE, FL 32303							
			City			FL Zip Code	
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							
FILE NOWI!! FEE IS \$150.00 9. Election Cai  Due by September 14, 2007 Trust Fund (			,	\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.193(2)(b), F.S., the not receive the prior notice.	
TITLE PD	OFFICERS AND I		11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS IN 11	
1	EARY, PATRICK G.		TITLE NAME	F	റെ 1 റയ	☐ Change ☐ Addition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
1 1	JOHN KNOX RD STE 100 LAHASSEE, FL 32303		STREET ADDRESS CITY-ST-ZIP		8/070107:		
TITLE STD			TITLE			☐ Change ☐ Addition	
NAME O'LEARY, SANDRA L. STREET ADDRESS 249 JOHN KNOX RD STE 100			STREET ADDRESS				
CITY-ST-ZIP TALLAHASSEE, FL 32303			CITY-ST-ZIP				
TITLE NAME			TITLE NAME			☐ Change ☐ Addition	
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TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			_	
TITLE			TITLE			☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	the sales in the s	I	CITY-ST-ZIP		D. E(-, 13-, 10)		
City-St-ZiP  12. I hereby certify t indicated on this of the corporation	s report or supplemental report is on or the receiver or trustee empo	this filling does not qualify for the true and accurate and that my signered to execute this report as re	CITY-ST-ZIP exemptions contain	he same legal effe	ct as if made under	further certify that the information oath; that I am an officer or director e appears in Block 10 or Block 11 if	
City-St-ZiP  12. I hereby certify t indicated on this of the corporation	s report or supplemental report is on or the receiver or trustee empo an attachment with an address, w	this filling does not qualify for the true and accurate and that my signered to execute this report as regith all other like empowered.	CITY-ST-ZIP exemptions contain gnature shall have the equired by Chapter	he same legal effe 607, Florida Statuti	ct as if made under eas; and that my nam	oath; that I am an officer or director	

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