

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G68955

1. Entity Name
S & P PROPERTIES, INC.



Principal Place of Business

**249 JOHN KNOX ROAD SUITE 127
TALLAHASSEE, FL 32303**

Mailing Address

**3491-11 THOMASVILLE ROAD, #222
TALLAHASSEE, FL 32308**

FILED
2008 MAY -1 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2382049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'LEARY, PATRICK G.
249 JOHN KNOX RD.
SUITE 100
TALLAHASSEE, FL 32303**

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 *Patrick G. O'Leary* 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME O'LEARY, PATRICK G.
STREET ADDRESS 249 JOHN KNOX RD STE 100
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE STD
NAME O'LEARY, SANDRA L.
STREET ADDRESS 249 JOHN KNOX RD STE 100
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
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CITY-ST-ZIP

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900129481719
05/14/08--01041--021 **158.75

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: *Patrick G. O'Leary, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 850/386-8500
Date Daytime Phone #