## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Jan 22, 2000 00.00			
DOCUMENT # M69707  1. Entity Name				]	S	ecretary of S	ta
	PROPERTIES, INC.			}			
Principal Plac	e of Business	Mailing Address		1			
% DAVID HE		% DAVID HEALD					
7920 ORIOL		7920 ORIOLE ST.					
INCKZOWAITE	LE, FL 32208	JACKSONVILLE, FL 32208		1   188		IKRII OTTIL OTRU OKRII ATOK DISKOR U ISDI	
,		44					
DO NOT WRITE IN THIS SPACE			CE.	01072008	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPAT			CE	4. FEI Number 59-287		Applied For	
						Not Applica  \$8.75 Additional	bie
				5. Certificate	of Status Desired	Fee Required	
1	6. Name and Address of Current Re	ogistered Agent				- پي مه واستمي پر ست چې د په واهې پوشت شوارد چه شواند موارد چه د د په	
HEALD, D.			. DÓ	NOT WI	DITE		
7920 ORIOLE ST. JACKSONVILLE, FL 32208				, .			
SACROOM	VILLE, 1 E 02200			. √IN∃	THIS SP	ACE	
			1			•	
8. The above	named entity submits this statement for t	he purpose of changing its registe	red office or register	red agent, or bol	h, in the State of Flori	da. I am familiar with, and acce	
the obligat	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and	Tutie d ennicable (NOTE December	ed Agent signature required	duchar researcher)		DATE	
	The state of the s	, inc. opposite			<del></del>	UNIC .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	U00000 01/23/08-	790112 90021-013 150.00	
10.	OFFICERS AND DI	RECTORS		,		<u> </u>	
TITLE NAME	PST HEALD, DAVID		1:			•	
STREET ADDRESS	7920 ORIOLE ST,					•	
CITY-ST-ZIP	JACKSONVILLE, FL						
TITLE	D DAVID			er e e		•	
NAME STREET ADDRESS	HEALD, DAVID 7920 ORIOLE ST.						
CITY-ST-ZIP	JACKSONVILLE, FL				•		
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NAME_ STREET ADDRESS					<u></u>	an open management of the contract of the contract of	
CITY-ST-ZIP			, ,	DO	NOT W	RITE .	
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CITY-ST-ZIP			1	,	, ,		
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STREET ADDRESS '							
TITLE			1				
NAME	,		,		•		
STREET ADDRESS			I '				

12. Thereby 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 shalf 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 alternative like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

904-765-7000 Daysone Prone \*