



FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M88105 1. Entity Name SD SERVICES OF JACKSONVILLE, INC.				Apr 28, 2004 08:00 Secretary of State	
Principal Place of Business 1756 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 US		Mailing Address P.O. BOX 48070 JACKSONVILLE, FL 32247 US			
DO NOT WRITE IN THIS SPACE				04272004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2900278 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDLINE, RODGER J ESQ ATTORNEY AT LAW 1756 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD DEAN, LARRY JR 1756 UNIVERSITY BLVD S JACKSONVILLE, FL 32216		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD DEAN, LARRY SR. 1756 UNIVERSITY BLVD S JACKSONVILLE, FL 32216			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S STREEPEY, FRANK 1756 UNIVERSITY BLVD S JACKSONVILLE, FL 32216			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP SNOW, BRAD VP 1756 UNIVERSITY BLVD S JACKSONVILLE, FL 32216			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: FRANK STREEPEY 4-27-04 9043461266					