

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90007 023 ***150.00

DOCUMENT # P01000050638

1. Entity Name
SES OF JACKSONVILLE, INC.



Principal Place of Business
**4043 BAYMEADOWS ROAD
 SUITE C
 JACKSONVILLE, FL 32217**

Mailing Address
**4043 BAYMEADOWS ROAD
 SUITE C
 JACKSONVILLE, FL 32217**

54018129



2. Principal Place of Business
P.O. Box 847

3. Mailing Address
P.O. Box 847

Suite, Apt. #, etc.

02122004 Chg-P CR2E034 (10/03)

City & State
Troy, AL

City & State
Troy, AL

Zip
36081

Country

4. FEI Number
59-3728448

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LENHARD, JIM
 4043 BAYMEADOWS ROAD
 SUITE C
 JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LENHARD, JIM	
STREET ADDRESS	4043 BAYMEADOWS ROAD #C	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVE, J K	
STREET ADDRESS	1020 MONTICELLO COURT #205	
CITY-ST-ZIP	MONTGOMERY, AL 36117	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, PAUL	
STREET ADDRESS	1020 MONTICELLO COURT #205	
CITY-ST-ZIP	MONTGOMERY, AL 36117	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVE, JAY	
STREET ADDRESS	1020 MONTICELLO COURT #205	
CITY-ST-ZIP	MONTGOMERY, AL 36117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *David Reed* **2/08/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #