

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000050638

**1. Entity Name
SES OF JACKSONVILLE, INC.**



Principal Place of Business

**P.O. BOX 847
TROY, AL 36081**

Mailing Address

**P.O. BOX 847
TROY, AL 36081**



02202006 No Chg-P CR2E034 (11/05)

**4. FEI Number
59-3728448**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

**TITLE D
NAME LENHARD, JIM
STREET ADDRESS 4043 BAYMEADOWS ROAD #C
CITY-ST-ZIP JACKSONVILLE, FL 32217**

**TITLE D
NAME HUDSON, PAUL
STREET ADDRESS 1020 MONTICELLO COURT #205
CITY-ST-ZIP MONTGOMERY, AL 36117**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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03/09/06-80003-014 150.00**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06

Date

334-566-6270

Daytime Phone #