

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 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

DO NOT WRITE IN THIS SPACE



01162008

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

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, 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 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

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STREET ADDRESS
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TITLE
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CITY-ST-ZIP

000000790032
01/23/08-80019-007 150.00

**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:

David Steed David Steed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

334-566-6270

Daytime Phone #