


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000087754 <small>1. Entity Name</small> SN ENTERPRISES OF JACKSONVILLE, INC.	
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<small>Principal Place of Business</small> 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706	<small>Mailing Address</small> 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
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<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
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<small>City & State</small>	<small>City & State</small>	
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<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	
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1st MOORE CR2E034 (10/05)

<small>4. FEI Number</small> 59-3739005	<small>Applied For</small> <input type="checkbox"/> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AKEL, NADER 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706	7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>
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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.

<small>SIGNATURE</small> <small>Signature, typed in print name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 <small>May Be Added to Fees</small>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<small>TITLE</small>	<small>DPS</small> AKEL, NADER	<input type="checkbox"/> Delete		<small>TITLE</small>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>NAME</small>	7006 ATLANTIC BLVD			<small>NAME</small>	U00000429834		
<small>STREET ADDRESS</small>	JACKSONVILLE FL 32211-8706			<small>STREET ADDRESS</small>	02/22/06-80024-003 150.00		
<small>CITY-ST-ZIP</small>				<small>CITY-ST-ZIP</small>			
<small>TITLE</small>	<small>VT</small> AKEL, SALEM	<input type="checkbox"/> Delete		<small>TITLE</small>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>NAME</small>	7006 ATLANTIC BLVD			<small>NAME</small>			
<small>STREET ADDRESS</small>	JACKSONVILLE FL 32211-8706			<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>				<small>CITY-ST-ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/> Delete		<small>TITLE</small>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>NAME</small>				<small>NAME</small>			
<small>STREET ADDRESS</small>				<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>				<small>CITY-ST-ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/> Delete		<small>TITLE</small>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>NAME</small>				<small>NAME</small>			
<small>STREET ADDRESS</small>				<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>				<small>CITY-ST-ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/> Delete		<small>TITLE</small>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>NAME</small>				<small>NAME</small>			
<small>STREET ADDRESS</small>				<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>				<small>CITY-ST-ZIP</small>			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mander Akel* *AKEL* 2-9-2006 904-319998