

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088138

FILED
Feb 13, 2009
Secretary of State

Entity Name: S & G PROPERTIES OF MACCLENNY, INC.

Current Principal Place of Business:

553 EAST MACCLENNY AVE
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

553 EAST MACCLENNY AVE
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-3745647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, FRANK E JR
445 EAST MACCLENNY AVE
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GALLUPS, JUDITH
Address: 15150 COUNTY ROAD 124
City-St-Zip: SANDERSON, FL 32087

Title: DS () Delete
Name: GALLUPS, JIMMY D
Address: 15150 COUNTY ROAD 124
City-St-Zip: SANDERSON, FL 32087

Title: DV () Delete
Name: SMITH, TINA
Address: PO BOX 82
City-St-Zip: MACCLENNY, FL 32063

Title: DT () Delete
Name: SMITH, WALLACE
Address: PO BOX 82
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA L. SMITH

DV

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date