

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90043 023 \*\*\*150.00

DOCUMENT # P02000003521



1. Entity Name  
 SJ WILLMAC PROPERTIES, INC.

Principal Place of Business  
 P O BOX 600459  
 JACKSONVILLE, FL 32260

Mailing Address  
 P O BOX 600459  
 JACKSONVILLE, FL 32260



2. Principal Place of Business - No P.O. Box #  
 12058 San Jose Blvd.

3. Mailing Address

Suite, Apt. #, etc.  
 201

Suite, Apt. #, etc.

03052008 Chg-P CR2E034 (12/06)

City & State  
 Jacksonville FL

City & State

4. FEI Number  
 01-0569729

Applied For  
 Not Applicable

Zip  
 32223

Country  
 USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CAPITAL CONNECTION~~  
 417 E. VIRGINIA ST., SUITE 1  
 TALLAHASSEE, FL 32301

Name  
 HJ Jones

Street Address (P.O. Box Number is Not Acceptable)  
 12058 San Jose Blvd.

Suite 201

City Jacksonville FL Zip Code 32223

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] 3/5/08  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, G P	
STREET ADDRESS	P O BOX 600459	
CITY-ST-ZIP	JACKSONVILLE, FL 32260	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, H J	
STREET ADDRESS	P O BOX 600459	
CITY-ST-ZIP	JACKSONVILLE, FL 32260	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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] 3/5/08 904 767030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #