2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P02000026745

Entity Name: SJP ORLANDO, INC.

Current Principal Place of Business:

3617 CROWN POINT ROAD
SUITE # 2
JACKSONVILLE, FL 32257

New Principal Place of Business:

4304 METRIC DRIVE
SUITE # 3
ORLANDO, FL 32792

Current Mailing Address:

PO BOX 57487
JACKSONVILLE, FL 322417487

New Mailing Address:

4304 METRIC DRIVE
SUITE # 3
ORLANDO, FL 32792

FEI Number: 41-2044101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH A
3617 CROWN POINT ROAD
SUITE # 2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

WOLFE FINANCIAL SERVICES
1515 INTERNATIONAL PWY
1001
LAKE MARY, FL 32746 US

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: JAN SABOL 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: SABOL, JANICE S
Address: PO BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

Title: VP ( ) Delete
Name: SABOL, JOSEPH
Address: P O BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

Title: VP (X) Delete
Name: LUKOWSKI, RONALD J
Address: P O BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: SABOL, JANICE S
Address: 647 W. SWOOPE AVE
City-St-Zip: WINTER PARK, FL 32792

Title: VP (X) Change ( ) Addition
Name: SABOL, JOSEPH
Address: 647 W. SWOOPE AVE
City-St-Zip: WINTER PARK, FL 32792

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: JANICE SABOL PRES 05/01/2009
Electronic Signature of Signing Officer or Director Date