2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2008 8:00 am Secretary of State 04-22-2008 90017 016 ***150.00

Daytime Phone #

DOCUMENT # P04000020436 1. Entity Name SOCO ENTERPRISES, INC.						04-22-2008 90			0	
	ice of Business 65TH AVENUE FL 32664	Mailing Address PO BOX 298 MCINTOSH, FL 32664			1 /11	S badai cirii briii briii briif r	THE FERE WELLTHING	10 60 (SS60)	1440 2 1 11 11 04	
1721	Place of Business - No P.O. Box #	3. Mailing Address 36915.W. Suite, Apt. #, etc.	SAN TE	RRACE						
	#104				02202008	Chg-P	CR2E034	·		
City & Sta		OCALA F			4. FEI Numb	er 20-	068 769	39 A	pplied For ot Applicable	
Zip }'4'4'	Country	Zip 34474	Country US		5. Certificate	of Status Desired		.75 Ad Require		
	6. Name and Address of Current I		Name		7. Name and	Address of New	Registered Age	nt		
BAZEMORE, J.L. 20500 NW 65TH AVE/ MCINTOSH, FL 32664			Street	RONALD GAYLORD SR Street Address (P.O. Box Number is Not Acceptable) 3691 S.W. Sana TRERACE						
	Ω_{Ω}	/	City					Zin Cos	<u> </u>	
8 The above	e named entry/supmits/this state/neyfit for	the purpose of changing its		CALA		th in the State of F	FL lem fem	Zip Cod	<u> </u>	
the obliga	ations of ragin tered agent.	rthe purpose of changing its i	egistered office	r .	su agent, or bo	ini, in use state of r	ionua. Famiain	III WIUI,	ано ассері	
SIGNATURE.	Signature, typad or printed name of registered agent a	nd trie if applicable. (NOTE:	Registered Agent sign	194 //	when reinstating)		9/21/6 DATE	<u>}</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND I		11.	1000		CHANGES TO OF				
TITLE NAME	PRES BAZEMORE, WILLIAM D	⊠ Delete	TITLE NAME		ALD GATI		· ·	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	20500 NW 65 TH AVE MCINTOSH, FL 32664		STREET ADDRESS CITY-ST-ZIP		S.W. 5 A. Fl 3	ANTEREN	CE			
TITLE	VP	□ Delete	πLE		*/[]·	1117		Change	Addition	
NAME STREET ADDRESS	BAZEMORE, JOHN L 6550 NW 207 PLACE		name Street address							
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	<u> </u>						
TITLE NAME		☐ Delete	TITLE . NAME					Change	Addition	
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name Street adoress			name Street address							
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>						
12. I hereby certify that the information subplied with this filing close for qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental report is frue 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 of 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 tike empowered.										
SIGNATURE: 352-873-3500 SIGNATURE: Date Dayting Phone #									,	