


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000087167</b> 1. Entry Name SFS OF JAX, INC.	
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Principal Place of Business 129 WEST ADAMS STREET JACKSONVILLE, FL 32202	Mailing Address 129 WEST ADAMS STREET JACKSONVILLE, FL 32202
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**DO NOT WRITE IN THIS SPACE**



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1488885	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASAKRIEH, FERAS B  
10800 ST AUGUSTINE RD  
#605  
JACKSONVILLE, FL 32257

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAKISH, SAMER Y S 4266 HUNTINGTON FOREST BLVD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS ASAKRIEH, FERAS B 10800 ST AUGUSTINE RD #605 JACKSONVILLE, FL 32257
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U000000655830  
03/14/07-80001-011 150.00

**DO NOT WRITE  
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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:** Feras Asakrieh 3/1/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #