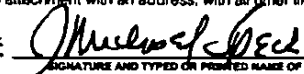


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-03-2006 90218 011 ***150.00

DOCUMENT # P05000152437					
1. Entity Name SJM REAL PROPERTY, INC.					
Principal Place of Business 1912 B LEE ROAD ORLANDO, FL 32810			Mailing Address 1912 B LEE ROAD ORLANDO, FL 32810		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1262943	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTMAN, SR., STEPHEN T 1912 B LEE ROAD ORLANDO, FL 32810				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 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, 2006 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/V.P.	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARTMAN, SR., STEPHEN T		NAME		
STREET ADDRESS	1912 B LEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE	D/P.	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	JAMES R. WILLIFORD		NAME	JAMES R. WILLIFORD	
STREET ADDRESS			STREET ADDRESS	1912 B LEE RD	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	J. MICHAEL JACK (D/P)	
STREET ADDRESS			STREET ADDRESS	1912 B LEE RD.	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4/30/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		