2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 08:00 A Secretary of State

ANNUAL REPURI				_	C 4 CC4	
DOCU	MENT # P060000895	91			Secretary of Sta	
SRA ENTERPRISES OF JACKSONVILLE, INC.					. w	
5317 SAGIN	ce of Business IAW AVE. LE, FL 32210	Mailing Address 5317 SAGINAW AVE. JACKSONVILLE, FL 32210			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
C	OO NOT WRITE		CE	02292008 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent ARNOLD, BENJAMIN 5317 SAGINAW AVE. JACKSONVILLE, FL 32210 8. The above named entity submits this statement for the purpose of changing its registere			DO NOT WRITE IN THIS SPACE ad 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 little if applicable (NOTE: Registered Agent signature required when reinstall for the printed Agent signature required agent signature req					DATE	
10.	OFFICERS AND DIF	ECTORS .	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ARNOLD, BENJAMIN 5317 SAGINAW AVE. JACKSONVILLE, FL 32210	U00000854464 03/27/08-80007-025 150.00				
STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		DO NOT WRITE IN THIS SPACE			

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.

CICNATURE

NAME STREET ADDRESS CITY - ST- ZIP

BEN JAMEN B. CLUSO (SE SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 (904)334-5059