

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000089591

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** SRA ENTERPRISES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

5317 SAGINAW AVE.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

8228 MAPLE ST  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

5317 SAGINAW AVE.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

8228 MAPLE ST  
JACKSONVILLE, FL 32244

**FEI Number:** 42-1710050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD, BENJAMIN  
5317 SAGINAW AVE.  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

ARNOLD, BENJAMIN  
8228 MAPLE ST  
JACKSONVILLE, FL 32244 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:

Electronic Signature of Registered Agent

03/07/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARNOLD, BENJAMIN  
Address: 8228 MAPLE ST  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN B ARNOLD

PRES

03/07/2011

Electronic Signature of Signing Officer or Director

Date