2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P06000104987

Entity Name: STE-COM OF JACKSONVILE , INC.

Current Principal Place of Business:

6900 PHILIPS HWY.
SUITE 35
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1488 SEMINOLA BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-5414804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, RONALD W
245 SHADY OAK CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEVENS, RONALD W
Address: 245 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete
Name: TERRELL, CLAY A
Address: 947 LAWHON DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete
Name: ZIMMERMAN, MAYNARD L
Address: 7062 LENCZYK DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete
Name: TURNER, AMANDA D
Address: 2240 CROAT STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JONES, KEITH
Address: 945 SADIE LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: HERRMANN, CARRIE A
Address: 98 STONE GATE S
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMANDA TURNER S 01/20/2009

Electronic Signature of Signing Officer or Director Date