2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P06000104987

Entity Name: STE-COM OF JACKSONVILE , INC.

Current Principal Place of Business:

3435 PHILLIPS HWY
SUITE A310
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1488 SEMINOLA BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

261 LIVE OAKS BLVD.
CASSELBERRY, FL 32707

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: JONES, KEITH
Address: 975 SADIE LANE
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: S
Name: TURNER, AMANDA D
Address: 30447 SWAN ROAD
City-St-Zip: SORRENTO, FL 32776

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

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: AMANDA TURNER S 04/18/2011

Electronic Signature of Signing Officer or Director — Date