## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P06000106768**

1. Entity Name

S R C ENTERPRISES INC.



Principal Place of Business

Mailing Address

411 WALNUT STREET SUITE 1731 GREEN COVE SPRINGS, FL 32043

411 WALNUT STREET SUITE 1731 GREEN COVE SPRINGS, FL 32043

## FILED Apr 29, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-5427261 Not Applicable

5. Certificate of Status Desired

04232008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CAMPBELL, STEPHANIE 411 WALNUT STREET SUITE 1731 GREEN COVE SPRINGS, FL 32043

SIGNATURE

## DO NOT WRITE IN THIS SPACE

No Chg-P

			,		
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)  OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Trust Fund Contribu	~	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, STEPHANIE 411 WALNUT STREET SUITE 1731 GREEN COVE SPRINGS, FL 32043				Unnnnn932nn4
TITLE NAME STREET ADDRESS CITY+ST-ZIP					U00000932004 05/22/08-80038-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE NAME STREET ADDRESS 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.					