## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000112416

Name:

Address: City-St-Zip: WILLIAMS, SCOTT W

9540 SAN JOSE BLVD

JACKSONVILLE, FL 32257

Entity Name: STOCKTON REAL ESTATE, INC.

FILED Apr 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 280 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** P.O. BOX 23627 JACKSONVILLE, FL 32241 FEI Number: 20-5468664 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCORMACK, JAMES E 9540 SAN JOSÉ BLVD JACKSONVILLE, FL 32257 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LUKE, JOSEPH C Name: Name: 9540 SAN JOSE BOULEVARD Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: DVPT Title: () Delete () Change () Addition LUEDERS, JACK C JR. Name: Name: 9540 SAN JOSE BOULEVARD Address: Address: JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition HANEY, DALE L Name: Name: 9540 SAN JOSE BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition MCCORMACK, JAMES E Name: Name: Address: 9540 SAN JOSE BLVD Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES E MCCORMACK S 04/09/2009