

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000122400

**FILED**  
**Feb 18, 2008**  
**Secretary of State**

**Entity Name:** SSC INVESTMENTS OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

5500-00 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

6639 SOUTHPOINT PARKWAY  
SUITE 107  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5500-00 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32207

**New Mailing Address:**

6639 SOUTHPOINT PARKWAY  
SUITE 107  
JACKSONVILLE, FL 32216

**FEI Number:** 20-5600109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARSTENS, SAMA S  
5500-00 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

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

CARSTENS, SAMA S  
6639 SOUTHPOINT PARKWAY  
SUITE 107  
JACKSONVILLE, FL 32216 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:**

02/18/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARSTENS, SAMA S  
Address: 5500-00 PHILLIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CARSTENS, SAMA S  
Address: 6639 SOUTHPOINT PARKWAY, STE 107  
City-St-Zip: JACKSONVILLE, FL 32216

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:** SAMA CARSTENS

P

02/18/2008

Electronic Signature of Signing Officer or Director

Date