


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90006 023 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000148586</b><br>1. Entity Name<br><b>SOUTH ATLANTIC MATERIALS &amp; SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                                                                     |                                                                                    |                                                                                                                                                          |  |
| Principal Place of Business<br><b>1535 WHITLOCK AVE<br/>JACKSONVILLE, FL 32211</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                     | Mailing Address<br><b>1535 WHITLOCK AVE<br/>SUITE B<br/>JACKSONVILLE, FL 32211</b> |                                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                    |                                                                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | City & State                                                                        |                                                                                    |                                                                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                        | Zip                                                                                 | Country                                                                            | 4. FEI Number<br><b>20-5972562</b>                                                                                                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                     |                                                                                    | Applied For<br>Not Applicable                                                                                                                                                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LANSIN, SANDRA L<br/>1809 VALENCIA DRIVE<br/>JACKSONVILLE, FL 32207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                     |                                                                                    | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable _____ DATE _____                                                                                                                                                                                                                           |                                                                                                                |                                                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                    | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                       |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>RAMKISSOON, SURESH</b><br><b>1809 VALENCIA DRIVE</b><br><b>JACKSONVILLE, FL 32207</b>           | <input type="checkbox"/> Delete                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP/T</b><br><b>LANSIN, SANDRA L</b><br><b>1809 VALENCIA DRIVE</b><br><b>JACKSONVILLE, FL 32207</b>          | <input type="checkbox"/> Delete                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D/M</b><br><b>RAMKISSOON, SHELLEY</b><br><b>13040 TWIN PINES CIRCLE S.</b><br><b>JACKSONVILLE, FL 32248</b> | <input type="checkbox"/> Delete                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>KIRBY, MICHAEL S</b><br><b>736 WESTGATE DRIVE</b><br><b>JACKSONVILLE, FL 32221</b>              | <input type="checkbox"/> Delete                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | <input type="checkbox"/> Delete                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | <input type="checkbox"/> Delete                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
| 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. |                                                                                                                |                                                                                     |                                                                                    |                                                                                                                                                                                                                                           |  |
| <b>SIGNATURE:</b> <i>Sandra Lansin</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Date: <i>2/14/07</i>                                                                |                                                                                    | Daytime Phone #: <i>904-744-0350</i>                                                                                                                                                                                                      |  |