

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000148586

1. Entity Name
SOUTH ATLANTIC MATERIALS & SERVICES, INC.



Principal Place of Business
**1535 WHITLOCK AVE
JACKSONVILLE, FL 32211**

Mailing Address
**1535 WHITLOCK AVE
SUITE B
JACKSONVILLE, FL 32211**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5972562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LANSIN, SANDRA L
1809 VALENCIA DRIVE
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMKISSOON, SURESH
STREET ADDRESS	1809 VALENCIA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP/T
NAME	LANSIN, SANDRA L
STREET ADDRESS	1809 VALENCIA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D/M
NAME	RAMKISSOON, SHELLEY
STREET ADDRESS	13040 TWIN PINES CIRCLE S.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	S
NAME	KIRBY, MICHAEL S
STREET ADDRESS	736 WESTGATE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/08-80014-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Sandra L. Lansin* **SANDRA L. LANSIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08 **904-774-0350**
Date Daytime Phone #