


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P94000005528 1. Entity Name SOF-KEE, INC. |  |
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| Principal Place of Business 8861 QUAIL ROOST TR JACKSONVILLE, FL 32220 US | Mailing Address P O BOX 60487 JACKSONVILLE, FL 32220 US |
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03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3220485 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DEFOE, DEBRA J 8861 QUAIL ROOST TRAIL JACKSONVILLE, FL 32220 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEFOE, RONALD L 8861 QUAIL ROOST TRAIL JACKSONVILLE, FL 32220 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS DEFOE, DEBRA 8861 QUAIL ROOST TRAIL JACKSONVILLE, FL 32220 |
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04/10/07-80039-012 150.00

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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: Debra J. DeFoe Secretary 3/31/07 904-333-4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #