2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AN
Secretary of State

DOCUMENT # P9400005528 1. Entity Name SOF-KEE, INC.				Se	ecretary of St	
Principal Plac 8861 QUAIL JACKSONVILL	ROOST TR	Mailing Address P O BOX 60487 JACKSONVILLE, FL 32220	us		1011 E1811 8711 1811 8811 8811 88	I BRIGI RIYIS BIKA IITBI (BIRBI II IBDI
DO NOT WRITE IN THIS SPA			CE	04142008 4. FEI Numbe 59-3220	No Chg-P (0485	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEFOE, DEBRA J 8861 QUAIL ROOST TRAIL JACKSONVILLE, FL 32220					NOT WR THIS SPA	
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 Suparure typed or printed name of registered agent and little diapplicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Indicating 4.7000						
Arter may 1, 2000 Fee will be 4000.00				ed to rees	. U000009 - 05/08/08-8 1	14 <i>7</i> 88 3071-006 150.00 -
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFOE, RONALD L 8861 QUAIL ROOST TRAIL JACKSONVILLE, FL 32220 VPS DEFOE, DEBRA 8861 QUAIL ROOST TRAIL JACKSONVILLE, FL 32220	LOTONS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			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

OLONIATURE

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ollra Jal Fol Vice President

4/17/08

904.333.404

Daytime Phone #