## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P97000106442** SOUTHSIDE TOUCHTON INVESTMENTS, INC. Principal Place of Business Mailing Address 2936 DUPONT AVENUE 2936 DUPONT AVENUE SUITE 2 SUITE 2 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 02272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3490953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKINNER, A. CHESTER III DO NOT WRITE 2963 DUPONT AVENUE SUITE 2 IN THIS SPACE JACKSONVILLE, FL 32217 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. (NOTE: Registered Agent signsture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE HALIF SKINNER, ARTHUR C III 2963 DUPONT AVENUE, SUITE 2 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32217 U000000746146 TITLE 05/16/07-80058-008 150.00 NAME STREET ADDRESS CTY-ST-7P TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 oatby 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 ply name appears in Block 10 or Block 11 if changed, or on an attachment with an accress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR