

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000023134

1. Entity Name

S & M INVESTMENTS OF JACKSONVILLE, INC.



Principal Place of Business

5277 LENOX AVENUE  
JACKSONVILLE, FL 32205

Mailing Address

5277 LENOX AVENUE  
JACKSONVILLE, FL 32205

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3511235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SCROGINS, RAYMOND L  
5277 LENOX AVE  
JACKSONVILLE, FL 32205

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SCROGINS, RAYMOND L  
5277 LENOX AVENUE  
JACKSONVILLE, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
MCCALL, STEVEN T  
5277 LENOX AVENUE  
JACKSONVILLE, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000737406  
05/11/07-80026-020 150.00

**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: *Ray Scrogins* Ray Scrogins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Date

904-783-1717

Daytime Phone #