
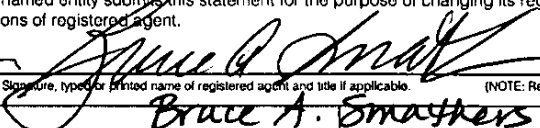
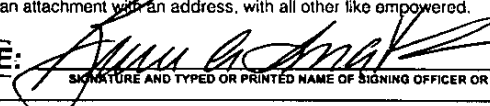


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90197 017 ***150.00

DOCUMENT # P98000024323 1. Entity Name S & S REALTY OF JACKSONVILLE, INC.																							
Principal Place of Business 4745 SUTTON PARK CT STE 602 JACKSONVILLE, FL 32224			Mailing Address 4745 SUTTON PARK CT STE 602 JACKSONVILLE, FL 32224																				
2. Principal Place of Business - No P.O. Box # 4051 Timuguana Rd. Suite, Apt. #, etc.		3. Mailing Address 4051 Timuguana Rd Suite, Apt. #, etc.																					
City & State JACKSONVILLE FL		City & State JACKSONVILLE, FL		4. FEI Number 59-2567282																			
Zip 32210		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent SMATHERS & SMATHERS, P.A. 4745 SUTTON PARK CT SUITE 602 JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4051 Timuguana Rd City JACKSONVILLE FL Zip Code 32210																				
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:  DATE: April 25, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SMOTHERS, BRUCE A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4051 TIMUQUANA RD JACKSONVILLE, FL 32210</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	SMOTHERS, BRUCE A		CITY-ST-ZIP	4051 TIMUQUANA RD JACKSONVILLE, FL 32210		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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:  DATE: April 25, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							