

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90044 006 ***150.00

DOCUMENT # 235388 1. Entity Name WESJAX DEVELOPMENT COMPANY																																																																																																																							
Principal Place of Business 569 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205			Mailing Address 569 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205																																																																																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																				
City & State			City & State																																																																																																																				
Zip		Country		4. FEI Number 59-0900850																																																																																																																			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																					
6. Name and Address of Current Registered Agent BYRD, CLIFTON R 5340 SHORECREST DRIVE JACKSONVILLE FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>AGRICOLA, WILLIAM</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>914 ATLANTIC AVE SUITE 2A FERNANDINA BEACH FL 32034</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>D PACE, JR J</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1909 SALT MYRTLE LN ORANGE PARK FL 32073</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VDS</td> <td style="text-align: right;">☒ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MCARTHUR, D W III</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4835 ARAPAHOE AVE. JACKSONVILLE FL 32210</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MCARTHUR, WILLIAM A</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3844 TIMUGUANA ROAD JACKSONVILLE FL 32210</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BYRD, CLIFTON R</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5340 SHORECREST DR JACKSONVILLE FL 32210</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	AGRICOLA, WILLIAM		STREET ADDRESS			CITY-ST-ZIP	914 ATLANTIC AVE SUITE 2A FERNANDINA BEACH FL 32034		CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	D PACE, JR J		STREET ADDRESS			CITY-ST-ZIP	1909 SALT MYRTLE LN ORANGE PARK FL 32073		CITY-ST-ZIP			TITLE	VDS	☒ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	MCARTHUR, D W III		STREET ADDRESS			CITY-ST-ZIP	4835 ARAPAHOE AVE. JACKSONVILLE FL 32210		CITY-ST-ZIP			TITLE	D	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	MCARTHUR, WILLIAM A		STREET ADDRESS			CITY-ST-ZIP	3844 TIMUGUANA ROAD JACKSONVILLE FL 32210		CITY-ST-ZIP			TITLE	PD	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	BYRD, CLIFTON R		STREET ADDRESS			CITY-ST-ZIP	5340 SHORECREST DR JACKSONVILLE FL 32210		CITY-ST-ZIP			TITLE		☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			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 Section 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: <u>Clifton R. Byrd</u> CLIFTON R. BYRD, PRESIDENT <u>1/17/06</u> <u>(904) 988-35</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																							