


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # J43500
 1. Entity Name
EAST PARK, INC.



Principal Place of Business 3300 PHILLIPS HIGHWAY POST OFFICE BOX 5369 JACKSONVILLE, FL 32207	Mailing Address 3300 PHILLIPS HIGHWAY POST OFFICE BOX 5369 JACKSONVILLE, FL 32207
--	--



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2746517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGAHEE, SUTTON
 3300 PHILLIPS HWY
 JACKSONVILLE, FL 32207

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE VS NAME MCGEHEE, THOMAS R. JR. STREET ADDRESS 3300 PHILLIPS HWY CITY - ST - ZIP JACKSONVILLE, FL	
TITLE P NAME MCGEHEE, SUTTON STREET ADDRESS 3300 PHILLIPS HWY CITY - ST - ZIP JACKSONVILLE, FL	
TITLE VP NAME MCGEHEE, DAVID S. STREET ADDRESS 3300 PHILLIPS HWY CITY - ST - ZIP JACKSONVILLE, FL	
TITLE TAS NAME ROGERS, JONATHAN Y STREET ADDRESS 3300 PHILLIPS HWY CITY - ST - ZIP JACKSONVILLE, FL	
TITLE ASD NAME MC GEHEE, FRANK S. STREET ADDRESS 3300 PHILLIPS HWY CITY - ST - ZIP JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000330503
 04/25/05-00169-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Sutton McGehee Sutton Mc Gehee, 904-348-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President 3-14-05 3300
Date Daytime Phone #