

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
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**



04252006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2746517** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE Registered Agent signature required when releasing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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	

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 05/12/06-80057-008 150.00

**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: Sutton McGehee Sutton McGehee President 4-25-06 904-348-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #