


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90160 043 ***150.00

DOCUMENT # P96000098523

1. Entity Name
ORTEGA PARK AT BLANDING, INC.



Principal Place of Business Mailing Address
4315 PABLO OAKS COURT, STE. 1 **4315 PABLO OAKS COURT, STE. 1**
JACKSONVILLE, FL 32224-9667 US **JACKSONVILLE, FL 32224-9667 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04202005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3420007 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STOKES, CHESTER E JR 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224		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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOKES, E CHESTER JR			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUTNAL, JAMES E			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLACE, DENISE L			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAREN, MICHAEL E			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREDENHAGEN, SHARON W			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HICE, SHERRY			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *James Putnal* 4-22-05 (904) 591-4695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #