

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**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



04262006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
 STOKES, CHESTER E JR  
 4315 PABLO OAKS COURT, SUITE 1  
 JACKSONVILLE, FL 32224

**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 reinstating)      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	DP
NAME	STOKES, E CHESTER JR
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY - ST - ZIP	JACKSONVILLE, FL 322249667
TITLE	DV
NAME	PUTNAL, JAMES E
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY - ST - ZIP	JACKSONVILLE, FL 322249667
TITLE	V
NAME	BRAREN, MICHAEL E
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY - ST - ZIP	JACKSONVILLE, FL 322249667
TITLE	T
NAME	FREDENHAGEN, SHARON W
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY - ST - ZIP	JACKSONVILLE, FL 322249667
TITLE	S
NAME	HICE, SHERRY
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1
CITY - ST - ZIP	JACKSONVILLE, FL 322249667
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000556685  
 05/17/06-80018-018 150.00

**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: *Sherry Hice*      4-29-06      904-591-2695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #