

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**



**DOCUMENT # S58634**  
1. Entity Name  
**ADMIRAL ARMS APARTMENTS, INC.**

Principal Place of Business      Mailing Address  
**6595 SAN JUAN AVENUE**      **6595 SAN JUAN AVENUE**  
**JACKSONVILLE FL 32210**      **JACKSONVILLE FL 32210**



2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3072254**      Not Applicable

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

1st MOORE      CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**BARNETT, H H**  
**1028 SPINNAKEE LN.**  
**JACKSONVILLE FL 32259**

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      \$5.00 May Be  
Trust Fund Contribution.      Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BLAKE, GEORGE F.</b>
STREET ADDRESS	<b>1318 CUPERLAND ST S W</b>
CITY-ST-ZIP	<b>LIVE OAK FL 32064</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BARNETT, H.H.</b>
STREET ADDRESS	<b>1028 SPINNAKER LN.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32251</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000401199  
02/02/06-80034-012 150.00

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: George F. Blake      1-24-06      386 3623195