2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 19, 2006 8:00 am Secretary of State **DOCUMENT #V47669** 04-19-2006 90088 044 ***150.00 1. Entity Name SETON REALTY, INC. 40022200 Principal Place of Business Mailing Address C/O LAURIE S TEPPERT C/O LAURIE S TEPPERT 1801 BARRS STREET, SUITE 615 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3133073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEPPERT, LAURIE S GENERAL COUNSEL Street Address (P.O. Box Number is Not Acceptable) 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204 City Zip Code FL 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 stansture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 DP ☐ Delete TITLE Change ■ Addition TITLE MAHER, JOHN J NAME NAME 1801 BARRS STREET, SUITE 600 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP Delete DVP DVP Change Addition TITLE TITLE WHALEN, SCOTT 1800 BARRS STREET NORMAN, JEFFREY NAME NAME STREET ADORESS 1800 BARRS STREET STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32204 TITLE ☐ Delete TITLE □ Change ☐ Addition CORRIGAN, JAMES M NAME NAME STREET ADDRESS 1801 BARRS STREET, SUITE 600 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP ☐ Change DVP ☐ Delete TITLE ■ Addition TITLE NAME PERRY, KENNETH C NAME STREET ADDRESS 1800 BARRS STREET STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE VP Delete TITLE ☐ Change ☐ Addition NAME PERRY, LINDA NAME 1800 BARRS STREET STREET ADDRESS STREET ADORESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE AS SINCLAIR, DONNA NAME NAME STREET ADDRESS 1801 BARRS STREET, SUITE 600 STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP 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 in the like empowered.

JOHN MAHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

904-308-4002

FILED