

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # G25263**

1. Entity Name  
**EAST PARK REALTY, INC.**



Principal Place of Business

**3300 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32207 US**

Mailing Address

**POST OFFICE BOX 5369  
JACKSONVILLE, FL 32247-5369 US**



03132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2298934**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGEHEE, 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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	VD
NAME	MCGEHEE, FRANK 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	CFO
NAME	BRENT, JOHN
STREET ADDRESS	3300 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	MCGEHEE, TR 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000330680  
04/25/05-80169-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sutton McGehee*  
**Sutton McGehee,  
President**

**3-14-05**  
Date

Daytime Phone #

**904.348.  
3300**