2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000099028

1. Entity Name
STOCKTON STREET PROPERTIES, INC.

Principal Place of Business
1801 HERMITAGE BLVD., STE. 600
TALLAHASSEE, FL 32308

Mailing Address
1801 HERMITAGE BLVD., STE. 600
TALLAHASSEE, FL 32308

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03072006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3607780
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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 _____
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, 2006 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 T1
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BENNETT, DOUGLAS W	NAME	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	U00000492384 04/19/06-80062-087 150.00
TITLE	DVAS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, JEFFREY L	NAME	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	DVAT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRAY, LYNNE M	NAME	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WARRIOR, DEXTER B	NAME	
STREET ADDRESS	3424 PEACHTREE RD NE #800	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30326	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURGI-SANDELL, KATHLEEN	NAME	
STREET ADDRESS	3424 PEACHTREE RD NE #800	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30326	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEWMARK, DEBBIE J	NAME	
STREET ADDRESS	3424 PEACHTREE RD NE #800	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30326	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, with all other like empowered.

SIGNATURE: Debbie J. Newmark Debbie J. Newmark 3/7/06 404-846-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #