

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # J43500**

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



Principal Place of Business  
**3300 PHILLIPS HIGHWAY  
 POST OFFICE BOX 5369  
 JACKSONVILLE, FL 32207**

Mailing Address  
**3300 PHILLIPS HIGHWAY  
 POST OFFICE BOX 5369  
 JACKSONVILLE, FL 32207**



04252006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2746517** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCGAHEE, 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 \_\_\_\_\_ (NOTE Registered Agent signature required when releasing) \_\_\_\_\_ 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**

TITLE	VS
NAME	MCGEHEE, THOMAS R. 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	VP
NAME	MCGEHEE, DAVID 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	ASD
NAME	MC GEHEE, FRANK S.
STREET ADDRESS	3300 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000548255  
 05/12/06-80057-008 150.00

**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: Sutton McGehee Sutton McGehee President 4-25-06 904-348-3300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #