


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90048 043 \*\*\*150.00

<b>DOCUMENT # 153521</b>															
<b>1. Entity Name</b> ESTUARY CORPORATION															
<b>Principal Place of Business</b> 4310 PABLO OAKS CT. JACKSONVILLE FLA, 32224 US			<b>Mailing Address</b> P.O. BOX 19366 JACKSONVILLE, FL 32245-9366 US												
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State		03082005    Chg-P    CR2E034 (10/03)											
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-6077639											
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>											
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>												
SKELTON, H.J. 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"><b>Name</b>    ZAHRA JR., E. ELLIS</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">4310 PABLO OAKS CT.</td> </tr> <tr> <td style="padding: 2px;"><b>City</b></td> <td style="padding: 2px;"><b>FL</b>    <b>Zip Code</b></td> </tr> <tr> <td style="padding: 2px;">JACKSONVILLE</td> <td style="padding: 2px;">32224</td> </tr> </table>			<b>Name</b> ZAHRA JR., E. ELLIS		<b>Street Address (P.O. Box Number is Not Acceptable)</b>		4310 PABLO OAKS CT.		<b>City</b>	<b>FL</b> <b>Zip Code</b>	JACKSONVILLE	32224
<b>Name</b> ZAHRA JR., E. ELLIS															
<b>Street Address (P.O. Box Number is Not Acceptable)</b>															
4310 PABLO OAKS CT.															
<b>City</b>	<b>FL</b> <b>Zip Code</b>														
JACKSONVILLE	32224														
<b>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.</b>															
<b>SIGNATURE</b> <i>E. Ellis Zahra, Jr.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		E. Ellis Zahra, Jr.		3/23/05 <small>DATE</small>											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>													
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>												
<b>TITLE</b> DPC <b>NAME</b> DAVIS, A. DANO <b>STREET ADDRESS</b> 4310 PABLO OAKS CT <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> ZAHRA JR., E. ELLIS <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											
<b>TITLE</b> DVAS <b>NAME</b> DAVIS, ROBERT D. <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> THORNE, SUSAN C. <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
<b>TITLE</b> V <b>NAME</b> CLOWE, D.C. <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> FRANCIS, H D <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
<b>TITLE</b> DVT <b>NAME</b> SKELTON, H.J. <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		<b>TITLE</b> VAS <b>NAME</b> FRANCIS, H D <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
<b>TITLE</b> VAS <b>NAME</b> FRANCIS, H D <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		<b>TITLE</b> VAS <b>NAME</b> FRANCIS, H D <b>STREET ADDRESS</b> 4310 PABLO OAKS CT. <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
<b>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.</b>															
<b>SIGNATURE:</b> <i>Susan C. Thorne</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Susan C. Thorne		3/23/05 <small>Date</small>											
				904/223-7480 <small>Daytime Phone #</small>											