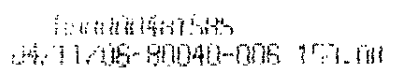
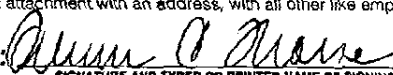


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 153521			
1. Entity Name ESTUARY CORPORATION			
Principal Place of Business 4310 PABLO OAKS CT. JACKSONVILLE FLA. 32224 US		Mailing Address P.O. BOX 19366 JACKSONVILLE, FL 32245-9366 US	
DO NOT WRITE IN THIS SPACE			
		02282006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-6077639	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ELLIS, ZAHRA E JR 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE	DPC		
NAME	DAVIS, A. DANO		
STREET ADDRESS	4310 PABLO OAKS CT		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
TITLE	DVAS		
NAME	DAVIS, ROBERT D.		
STREET ADDRESS	4310 PABLO OAKS CT.		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
TITLE	V		
NAME	THORNE, SUSAN C.		
STREET ADDRESS	4310 PABLO OAKS CT.		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
TITLE	V		
NAME	CLOWE, D.C.		
STREET ADDRESS	4310 PABLO OAKS CT.		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
TITLE	DVT		
NAME	SKELTON, H.J.		
STREET ADDRESS	4310 PABLO OAKS CT.		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
TITLE	VAS		
NAME	FRANCIS, H D		
STREET ADDRESS	4310 PABLO OAKS CT.		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
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: 		Susan C. Thorne	3/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #