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

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

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: Susan C. Thorne Susan C. Thorne 3/23/06 904/223-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #