

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 200971

1. Entity Name
GAINESVILLE SHOPPING CENTER, INC.



Principal Place of Business
**6215 WILSON BLVD
JACKSONVILLE, FL 32210 US**

Mailing Address
**P.O BOX 7779
JACKSONVILLE, FL 32238 US**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0826234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRANNEN W.M.
6215 WILSON BLVD
JACKSONVILLE, FL 32210**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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**

**U00000558080
05/17/06-80083-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOWERS JR, C D
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VAS
NAME	BRANNEN, W. M.
STREET ADDRESS	6215 WILSON BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VD
NAME	LYERLY, JEAN B.
STREET ADDRESS	6215 WILSON BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

C daytime Phone #

W M Brannen **4/28/06** **904-779-5353**
VICE PRES