


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 265751

1. Entity Name
GEORGE A. ISRAEL, JR., INC



Principal Place of Business
**144 WATTS ST.
 JACKSONVILLE, FL 32204**

Mailing Address
**P.O. BOX 41106
 JACKSONVILLE, FL 32203**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1001532 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**O'CONNOR, JOHN W.
 1550-A BUSINESS CIRCLE DRIVE
 ORANGE PARK, FL 32003**

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 reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ISRAEL, GEORGE A. III 144 WATTS ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORDERO, KEVIN D. 144 WATTS ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD CHAMBERLAIN, BRYAN 144 WATTS ST. JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/23/06-80010-002 150.00

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: Bryan Chamberlain 1/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #