


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

| | |
|--|---|
| DOCUMENT # 437718 1. Entity Name JAMESTOWN ESTATES, INC. |  |
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|--|---|
| Principal Place of Business 6776 TOWNSEND RD JACKSONVILLE FL 32244 | Mailing Address 6776 TOWNSEND RD #1 JACKSONVILLE FL 32244 |
|--|---|



| | | |
|--------------------------------|---------------------|-------------|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

1st MOORE CR2E034 (10/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1661324 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent TIDWELL, JAMES T 6938 103RD ST JACKSONVILLE FL 32210 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
|---|---|

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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
| Signature, typed or printed name of registered agent and title if applicable | | |

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------|--------------------------------|---|-----------------------------------|
| TITLE ST | NAME TIDWELL, ELISABETH | TITLE | NAME |
| STREET ADDRESS 6938 103RD STREET | CITY-ST-ZIP JACKSONVILLE FL | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE P | NAME TIDWELL, JAMES T. | TITLE | NAME |
| STREET ADDRESS 6938 103RD ST. | CITY-ST-ZIP JACKSONVILLE FL | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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03/09/06-80058-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Elisabeth Tidwell* **ELISABETH TIDWELL** **2-17-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # **904 771 5917**