


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90183 028 \*\*\*150.00

<b>DOCUMENT # 471891</b> 1. Entity Name ST. JOSEPH BAY ESTATES, INC.	
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Principal Place of Business 201 S. MONROE ST., #500 TALLAHASSEE, FL 32301	Mailing Address 201 S. MONROE ST., #500 TALLAHASSEE, FL 32301
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**60022447**

2. Principal Place of Business 101 North Monroe Street	3. Mailing Address 101 North Monroe Street
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32301	Country USA

01202006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  MILLER, WILTON R. 201 S. MONROE ST., #500 TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Wilton R. Miller Street Address (P.O. Box Number is Not Acceptable) 101 North Monroe Street Suite 900 City Tallahassee FL Zip Code 32301
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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  Wilton R. Miller 1/23/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, SUSANNE D. 1500 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Susanne D. Miller 1500 Benjamin Chaires Road Tallahassee, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, WILTON R. 201 S MONROE, #500 TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wilton R. Miller 101 North Monroe Street, Suite 900 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANTE, LINDA M. 2146 SANDPEBBLE CT. TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  1/23/06 (850) 222-8611  
Signature and typed or printed name of signing officer or director Date Daytime Phone #