

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90025 024 ***150.00

DOCUMENT # 604718 1. Entity Name BOYD & JENERETTE, P.A.					
Principal Place of Business 201 NORTH HOGAN STREET STE 400 JACKSONVILLE, FL 32202-0372			Mailing Address 201 NORTH HOGAN STREET STE 400 JACKSONVILLE, FL 32202-0372		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1484000	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCHRADER, III, ROBERT E 201 NORTH HOGAN STREET STE 400 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable.				Robert E. Schrader, III 1/9/06 (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHRADER, ROBERT E 201 NORTH HOGAN STREET STE 400 JACKSONVILLE, FL 32202			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ECKELS, MARK K 201 NORTH HOGAN STREET STE 400 JACKSONVILLE, FL 32202			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAMUELS, BENFORD L JR. 201 N. HOGAN ST. STE 400 JACKSONVILLE, FL 32202			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VANDERLINKE, KRISTEN M 201 N. HOGAN ST. STE 400 JACKSONVILLE, FL 32202			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MCCLARY, GLEN A 201 N. HOGAN ST. STE 400 JACKSONVILLE, FL 32202			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			☐ Delete	
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				Robert E. Schrader, III, Secretary 1-6-06 904-353-6241 Date Daytime Phone #	

60000527



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