## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 07, 2006 8:00 am Secretary of State

3/15/06

T.Fitch King, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-296-3232

1. Entity Nam	MENT # ( R REALTY, II				04-07-2006 9	00025 023	***150	.00			
Principal Plac	e of Business	-	Mailing Address			<b>1</b> / , • <b>4</b>	Go				
6950 PHILLI	IPS HWY		6950 PHILLIPS HWY					;			
#15 Jacksonville, FL 32216			#15 Jacksonville, Fl 32216								
2. Principal P	Place of Business		3. Mailing Address	3. Mailing Address							
·			Ů				: 11787 B718; 11817 1888; 1181	BIBLI BLŞJI ŞLBJİ	E  E	IZEI II IEEI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01202006	Chg-P	CR2E03	4 (11/05)		
City & State			City & State		4. FEI Numbe 59-1949				plied For t Applicable		
Zip	Zip Country		Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required			itional		
	6. Name and	Address of Current	Registered Agent	itered Agent			7. Name and Address of New Registered Agent				
RAX CO.					Name						
50 NORTH LAURA ST.					Street Address (P.O. Box Number is Not Acceptable)						
STE. 3300 JACKSONVILLE, FL 32202							<u> </u>				
					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										and accept	
the obligations of registered agent.											
SIGNATURE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.						.00 May Be ded to Fees					
10.	SD	OFFICERS AND			ADDITIONS/	CHANGES TO OFFI					
TITLE NAME	HOWARD, M	ARCIA M	☐ Delete	Defete TITLE NAME				l	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	L	S HWY STE 15			ET ADDRESS						
TITLE	DV	LE, FL 32216	☐ Delete	TITLE	-ST-ZIP		<del> </del>		Change	☐ Addition	
NAME	MORALES, M		NAME		1			,	Onlings	Addition	
STREET ADDRESS CITY-ST-ZIP	6950 PHILLIP	S HWY # 15 .LE, FL 32216			ET ADORESS - ST-ZIP						
TITLE	CD		☐ Delete	TITLE	···-				Change	Addition	
NAME STREET ADDRESS	MORALES, R 6950 PHILLIP			NAM	E Et adoress						
CITY-ST-ZIP		LE, FL 32216		CITY			•			:	
TITLE	AS		Delete	TITLE				- 1	Спалоде	Addition	
NAME STREET ADDRESS	SIMMONS, JA 6950 PHILLIP		NAME STREE								
CITY-ST-ZIP		LE, FL 32216	B		-ST-ZIP						
TITLE	PD KING TEITO	LJ 1111	☐ Delete					ı	Change	☐ Addition	
NAME STREET ADDRESS	KING, T FITC 6950 PHILLIP	NAME STREE		ET ADDRESS							
CITY-ST-ZIP	JACKSONVIL	LE, FL 32216	·	CITY	-ST-ZIP						
titl <del>e</del> Name			Delete TITLE					I	Change	☐ Addition	
STREET ADDRESS				STRE	ET ADORESS						
CITY-ST-ZIP					-ST-ZIP	d in Chaster 410	Floride Char	f	. also at 11	1	
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.											