

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90027 042 \*\*\*\*70.00

40015333



<b>DOCUMENT # 708864</b>					
1. Entity Name PINE CASTLE, INC.					
Principal Place of Business 4911 SPRING PARK ROAD JACKSONVILLE, FL 32207			Mailing Address 4911 SPRING PARK ROAD JACKSONVILLE, FL 32207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAY, JONATHAN W. 4911 SPRING PARK ROAD JACKSONVILLE, FL 32207				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	M	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, JONATHAN			NAME	<b>SEE ATTACHED</b>
STREET ADDRESS	4911 SPRING PARK ROAD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JOHN			NAME	
STREET ADDRESS	1320 STRAND STREET			STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, ELLEN			NAME	
STREET ADDRESS	101 CANNON CT W.			STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u>Jonathan W. May</u> <u>Jonathan W. May</u> <u>02/07/05</u> <u>(904) 733-2650</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

40015359

# 708864

**Title** D / P  
**Name** Mary Jarrett  
**Street Address** 1633 Riverside Avenue  
**City-St-Zip** Jacksonville, FL 32204

**Title** D / V  
**Name** Susan Hamilton  
**Street Address** 8195 Countryside Road  
**City-St-Zip** Jacksonville, FL 32256

**Title** D / V  
**Name** Brian Flynn  
**Street Address** 13835 Tortuga Point Drive  
**City-St-Zip** Jacksonville, FL 32225

**Title** D / T  
**Name** Greg Lechwar  
**Street Address** 12925 Indigo River Court  
**City-St-Zip** Jacksonville, FL 32224

**Title** D / S  
**Name** Kathy Harrison  
**Street Address** 11421 Beecher Circle W.  
**City-St-Zip** Jacksonville, FL 32223

**Title** D  
**Name** Derrick Bailey  
**Street Address** 302 Fawnridge Lane  
**City-St-Zip** Orange Park, FL 32073

**Title** D  
**Name** Dr. Thom Borowy  
**Street Address** 2200 Miller Oaks Court  
**City-St-Zip** Jacksonville, FL 32217

**Title** D / Intern  
**Name** Rebecca Brown  
**Street Address** 2941 Cherokee Avenue  
**City-St-Zip** Jacksonville, FL 32210

**Title** D  
**Name** Arnett Greene  
**Street Address** 2915 West Edgewood Avenue  
**City-St-Zip** Jacksonville, FL 32209

**Title** D  
**Name** Mindy Hanna  
**Street Address** 13570 Mandarin Road  
**City-St-Zip** Jacksonville, FL 32223

**Title** D / Intern  
**Name** Shannon Horne  
**Street Address** 2121 Burwick #1505  
**City-St-Zip** Orange Park, FL 32073

**Title** D  
**Name** Will Ketchum  
**Street Address** 10151 Deerwood Park Blvd. Bldg 200 #305  
**City-St-Zip** Jacksonville, FL 32256

**Title** D  
**Name** Mary Bland Love  
**Street Address** 1596 Lancaster Terrace #6A  
**City-St-Zip** Jacksonville, FL 32204

**Title** D  
**Name** Karen Mayfield  
**Street Address** 8519 Heather Run Drive N.  
**City-St-Zip** Jacksonville, FL 32256

**Title** D / S  
**Name** Erin Shirley  
**Street Address** 12901 Hunt Club Road, N.  
**City-St-Zip** Jacksonville, FL 32224

**Title** D  
**Name** Ted Spetnagel  
**Street Address** 9012 Southampton Court  
**City-St-Zip** Ponte Vedra Beach, FL 32082

**Title** D  
**Name** Stan Tenenbaum  
**Street Address** 4641 Corrients Circle North  
**City-St-Zip** Jacksonville, FL 32217

**Title** D  
**Name** Jennifer Young  
**Street Address** 2204 Wood Hill Place  
**City-St-Zip** Jacksonville, FL 32256

**Title**  
**Name**  
**Street Address**  
**City-St-Zip**