
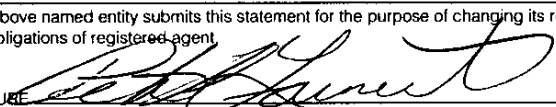
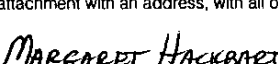



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90061 019 \*\*\*\*61.25

<b>DOCUMENT # 739228</b> 1. Entity Name <b>JACKSONVILLE ARTIFICIAL REEF, INC.</b>					
Principal Place of Business <b>P O BOX 331185</b> <b>ATLANTIC BEACH, FL 32233 US</b>			Mailing Address <b>P O BOX 331185</b> <b>ATLANTIC BEACH, FL 32233 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1743443</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEWMAN, GARY</b> <b>6149 THISTLE DOWN RD</b> <b>JACKSONVILLE, FL 32277</b>			7. Name and Address of New Registered Agent Name <b>PETER ST LAURENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>914 MISTY MOUNTAIN DR W</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32225</b>		
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 <b>1/19/06</b> <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</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b> <i>check # 1872</i>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGOWAN, EDDIE</b> <b>4726 HARPERS FERRY LANE</b> <b>JACKSONVILLE, FL 32257</b>	<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	<b>D</b> <b>HACKBART, MARGARET</b> <b>931 STONE HARBOR DR</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HACKBART, MARGARET</b> <b>4865 WILD HERON WAY</b> <b>JACKSONVILLE FL 32225</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NEWMAN, GARY</b> <b>6149 THISTLEDOWN RD</b> <b>JACKSONVILLE, FL 32277</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWMAN, GARY</b> <b>6149 THISTLEDOWN RD</b> <b>JACKSONVILLE FL 32277</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MURPHY, EMILY</b> <b>1430 RIVER HILLS CR</b> <b>JACKSONVILLE, FL 32211</b>	<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	<b>D</b> <b>PARKER, DAN</b> <b>12344 DEL RIO DR</b> <b>JACKSONVILLE, FL 32258</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ST. LAURENT, PETER</b> <b>914 MISTY MOUNTAIN DR W</b> <b>JACKSONVILLE FL 32225</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KALAKAUSKIS, ED</b> <b>1207 ARUBA COURT</b> <b>JACKSONVILLE, FL 32226</b>	<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 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: 			SIGNATURE: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/19/06</b> Daytime Phone # <b>904 270 4318</b>		