


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-20-2006 90038 017 ****61.25

DOCUMENT # 761640					
1. Entity Name LES CHATEAUX OF JACKSONVILLE, INC.					
Principal Place of Business 7201 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211			Mailing Address 7201 ARLINGTON EXPRESSWAY ATT OFFICE JACKSONVILLE, FL 32211		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2221206	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLBROOK, H. LEON III ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	MOORE, MICHAEL L.	PRESIDENT			
STREET ADDRESS	7201 ARLINGTON EXPRESSWAY				
CITY-ST-ZIP	JACKSONVILLE, FL 322115973				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	CRISP, GLENDA				
STREET ADDRESS	7201 ARLINGTON EXPRESSWAY				
CITY-ST-ZIP	JACKSONVILLE, FL 322115973				
TITLE	DS	<input type="checkbox"/> Delete			
NAME	MOORE, LINDSEY	TREASURER			
STREET ADDRESS	7201 ARLINGTON EXPRESSWAY				
CITY-ST-ZIP	JACKSONVILLE, FL 322115973				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	APRIL STOTES BERRY				
STREET ADDRESS	5050 NC HWY 32				
CITY-ST-ZIP	PLYMOUTH, NC 27962	AT-LARGE			
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	PELVIN CEBAK				
STREET ADDRESS	7201 ARLINGTON EXP.				
CITY-ST-ZIP	JAX FL 32210	SECRETARY			
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	FRANK FRAZIER				
STREET ADDRESS	7201 ARLINGTON EXP.				
CITY-ST-ZIP	JAX FL 32210	VICE PRESIDENT			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Michael L. Moore</u> MICHAEL L. MOORE (904) 502-7080					
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #					



ATTACHMENT
66004149

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

LES CHATEAUX OF JACKSONVILLE, INC.
7201 ARLINGTON EXPRESSWAY
ATT OFFICE
JACKSONVILLE, FL 32211

Subject: **LES CHATEAUX OF JACKSONVILLE, INC.**

Reference Number: 761640

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION