## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005709

Name:

Address:

City-St-Zip:

Entity Name: SAN MAR CORPORATION JACKSONVILLE

FILED Apr 20, 2006 Secretary of State

Littly Na	IIIE. SAN WA	R CORFORATION JACI	COUNTELL				
Current Principal Place of Business:			New Prir	New Principal Place of Business:			
	I PARK BLVD. IVILLE, FL 322			30500 SE 79TH STREET ISSAQUAH, WA 98027  New Mailing Address:			
Current N	lailing Addres	ss:	New Mai				
1 IMESON PARK BLVD., #10 JACKSONVILLE, FL 32218				P.O. BOX 529 PRESTON, WA 980500529			
FEI Number	: 91-0792443	FEI Number Applied For	( ) FEI Number Not Ap	plicable ( )	Certificate of Status De	esired ( )	
Name and	d Address of (	Current Registered Age	ent: Name an	d Address o	of New Registered Age	nt:	
1201 HAY	ATION SERVION S STREET SSEE, FL 323	CE COMPANY 01 US					
	e named entity e of Florida.	submits this statement fo	or the purpose of changing	its registere	d office or registered ago	ent, or both,	
SIGNATU	RE:						
	Electron	nic Signature of Register	ed Agent		Date		
Election Ca	mpaign Financin	g Trust Fund Contribution (	).				
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PC ( LOTT, MARTIN P.O. BOX 529 PRESTON, WA		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V ( LOTT, SHAROI P.O. BOX 529 PRESTON, WA		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S ( FEINSTEIN, ST P.O. BOX 529 PRESTON, WA		Title: Name: Address: City-St-Zip:	VT LOTT, JERI P.O. BOX 5 PRESTON,	29		
Title:	(	) Delete	Title:	VS	( ) Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

LOTT, JORDAN

P.O. BOX 529

PRESTON, WA 98050

SIGNATURE: MARTIN LOTT P 04/20/2006