

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90351 050 \*\*\*150.00

**DOCUMENT # G25263**

1. Entity Name  
**EAST PARK REALTY, INC.**



Principal Place of Business  
**3300 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32207 US**

Mailing Address  
**POST OFFICE BOX 5369  
JACKSONVILLE, FL 32247-5369 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2298934**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGEHEE, SUTTON  
3300 PHILLIPS HWY  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
MCGEHEE, FRANK S.  
3300 PHILLIPS HWY  
JACKSONVILLE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CPD  
MCGEHEE, THOMAS R.  
3300 PHILLIPS HWY  
JACKSONVILLE, FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TAS  
ROGERS, JONATHAN Y  
3300 PHILLIPS HWY  
JACKSONVILLE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CFO  
BRENT, JOHN  
3300 PHILLIPS HWY  
JACKSONVILLE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
MCGEHEE, TR JR  
3300 PHILLIPS HWY  
JACKSONVILLE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ **MCGEHEE, SUTTON**  
3300 PHILLIPS HWY  
JACKSONVILLE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President** ☒ Change ☐ Addition

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 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.

SIGNATURE:

*Sutton McGehee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sutton**

**McGehee**

**President**

**4-23-04**

Date

**904-348-**

**3300**

Daytime Phone #