


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G41530 1. Entity Name DEMETREE BROTHERS, INC.	
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Principal Place of Business P.O. BOX 47050 JACKSONVILLE, FL 32247-7050	Mailing Address P.O. BOX 47050 JACKSONVILLE, FL 32247-7050
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEMETREE, JACK C., JR.
 3740 BEACH BLVD.
 SUITE 300
 JACKSONVILLE, FL 32207

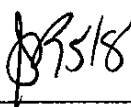
DO NOT WRITE
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

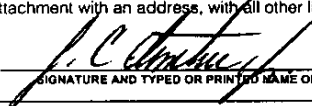
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DEMETREE, MARK C 3740 BEACH BLVD #300 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DEMETREE, J. C., JR. 3740 BEACH BLVD #300 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DEMETREE, JACK C. 3740 BEACH BLVD. #300 JACKSONVILLE, FL <div style="text-align: right; font-size: 24pt; font-family: cursive;">  </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEMETREE, CHRISTOPHER C. 3740 BEACH BLVD #300 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DUNN, M. HARRIS 3740 BEACH BLVD #300 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____

DO NOT WRITE
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200074148838

05/08/06--01015--006 **450.00

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 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:  4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
06 APR 27 AM 11:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2308751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required