

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90018 017 ***150.00

DOCUMENT # J31955

1. Entity Name
PRIVETT & ASSOC. OF FLORIDA, INC.



Principal Place of Business
2732 TOWNSEND BLVD.
JACKSONVILLE, FL 32211

Mailing Address
2732 TOWNSEND BLVD.
JACKSONVILLE, FL 32211

50007684



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2720079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRIVETT, PARK D., JR.
11449 LAUREL GREENWAY NORTH
JACKSONVILLE, FL 32225

**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 Dean Privett
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, 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 DPT
NAME PRIVETT, PARK D., JR.
STREET ADDRESS 11449 LAUREL GREENWAY NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE SV
NAME CALDERALA, JAYMEE
STREET ADDRESS ~~14501 CHESHAM CT~~ 613 Donald Ross Way
CITY-ST-ZIP JACKSONVILLE, FL 32258 St. Aug. FL. 32092

TITLE V
NAME JAMES, JOHN M.
STREET ADDRESS 2185 LONGLY GREEN CT
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ~~VP~~
NAME ~~LEE, CHARLES R~~
STREET ADDRESS ~~2186 ROCKDOVE LANE~~
CITY-ST-ZIP ~~FERNANDINA BEACH, FL 32034~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Jaymee Calderala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #