

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # J43500

1. Entity Name
EAST PARK, INC.



Principal Place of Business
**3300 PHILLIPS HIGHWAY
POST OFFICE BOX 5369
JACKSONVILLE, FL 32207**

Mailing Address
**3300 PHILLIPS HIGHWAY
POST OFFICE BOX 5369
JACKSONVILLE, FL 32207**



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2746517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGAHEE, SUTTON
3300 PHILLIPS HWY
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	MCGEHEE, THOMAS R. JR.
STREET ADDRESS	3300 PHILLIPS HWY
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	P
NAME	MCGEHEE, SUTTON
STREET ADDRESS	3300 PHILLIPS HWY
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	MCGEHEE, DAVID S.
STREET ADDRESS	3300 PHILLIPS HWY
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	TAS
NAME	ROGERS, JONATHAN Y
STREET ADDRESS	3300 PHILLIPS HWY
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	ASD
NAME	MC GEHEE, FRANK S.
STREET ADDRESS	3300 PHILLIPS HWY
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/25/05-00169-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sutton McGehee
**Sutton McGehee,
President**

3-14-05

DATE

Daytime Phone #

**904-348-
3300**