

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 034 ***150.00

DOCUMENT # J53645

1. Entity Name
CORDELE PROPERTIES, INC.



Principal Place of Business
475 WEST TOWN PLACE
SUITE 200
SAINT AUGUSTINE, FL 32092 US

Mailing Address
475 WEST TOWN PLACE
SUITE 200
SAINT AUGUSTINE, FL 32092 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2762170

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

MURPHY, PATRICK
200 BUSINESS PARK CIR
SUITE 101
SAINT AUGUSTINE, FL 32095

Name
MURPHY, PATRICK
Street Address (P.O. Box Number is Not Acceptable)
475 WEST TOWN PLACE
SUITE 200
City
ST. AUGUSTINE FL Zip Code
32092

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.

PATRICK MURPHY

(NOTE: Registered Agent signature required when reinstating)

3/30/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LABAR, JAMES C.
200 BUSINESS PARK CIRCLE
JACKSONVILLE, FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LABAR, JAMES C
475 WEST TOWN PLACE, SUITE 200
ST. AUGUSTINE, FL 32092 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MURPHY, PATRICK
200 BUSINESS PARK CIRCLE, SUITE 101
SAINT AUGUSTINE, FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MURPHY, PATRICK
475 WEST TOWN PLACE, SUITE 200
ST. AUGUSTINE, FL 32092 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MURPHY, MICHAEL A
200 BUSINESS PARK CIRCLE, SUITE 101
SAINT AUGUSTINE, FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MURPHY, MICHAEL A
475 WEST TOWN PLACE, SUITE 200
ST. AUGUSTINE, FL 32092 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK MURPHY

3/30/06

DATE

Daytime Phone #