

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2006 90019 006 \*\*\*150.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # J72807</b><br>1. Entity Name<br><b>CHAUTAUQUA BEACHCOMBER, INC.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>2 A STREET</b><br><b>ST. AUGUSTINE BEACH, FL 32084</b>   |  |  |   | Mailing Address<br><b>2 A STREET</b><br><b>ST. AUGUSTINE BEACH, FL 32084</b>   |  |
| 2. Principal Place of Business<br><b>2 "A" STREET</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>2 "A" STREET</b><br>Suite, Apt. #, etc. |   |  |  |
| City & State<br><b>ST. AUGUSTINE BEACH, FL</b>   |  | City & State<br><b>ST. AUGUSTINE BEACH, FL</b>                   |   | 4. FEI Number<br><b>59-2797964</b>   |  |
| Zip<br><b>32080</b>  |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAGLER, KENNETH D., ESQ.</b><br><b>THREE PALM ROW</b><br><b>P.O. BOX 4365</b><br><b>ST. AUGUSTINE, FL 32085-4365</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>BENNETT, SLOANE C</b><br><b>5367 THIRD STREET</b><br><b>SAINT AUGUSTINE, FL 32084</b> | <input checked="" type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SEC.</b><br><b>DAVID HEAVENER</b><br><b>202 3RD ST.</b><br><b>ST. AUGUSTINE, FL. 32080-2910</b>                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>LAUER, JAMES W</b><br><b>48 LEE DRIVE</b><br><b>SAINT AUGUSTINE, FL 32084</b>         | <input type="checkbox"/> Delete                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>TIMOTHY SNYDER</b><br><b>32 OCEAN CT.</b><br><b>ST. AUGUSTINE, FL. 32080</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |  |   |  |  |
| <b>SIGNATURE: <i>David Heavener</i> DAVID HEAVENER</b>   |  |  | <b>3/24/06</b> <b>904-471-3744</b><br><small>Date Daytime Phone #</small>   |  |  |