


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K85551</b> 1. Entity Name CITY-MART GARDEN CLUB, INC.	
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Principal Place of Business 9 SOUTH 3RD STREET FERNANDINA BEACH, FL 32034	Mailing Address 9 SOUTH 3RD STREET FERNANDINA BEACH, FL 32034
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02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2963319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WOOD, MARSHALL E. 303 CENTRE STREET SUITE 200 FERNANDINA BEACH, FL 32034
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	DP
NAME	COTNER, JOHN M
STREET ADDRESS	9 SOUTH 3RD STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	VTD
NAME	BURGESS, ANNETTE
STREET ADDRESS	216 CENTRE STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	VSD
NAME	COLWELL, STEPHEN
STREET ADDRESS	2784 W 5TH ST
CITY-ST-ZIP	FERNANDINA BCH, FL
TITLE	D
NAME	DAVIS, JOHN L.
STREET ADDRESS	2815 OCEANVIEW CT
CITY-ST-ZIP	FERNANDINA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000492482  
04/19/06-80069-006 150.00

**DO NOT WRITE  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John M. Cotner** 4/3/06 904 277-4593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #