

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M73402

1. Entity Name
ATHENA DEVELOPMENT CORPORATION



Principal Place of Business
**2141B DOBBS RD.
ST. AUGUSTINE, FL 32086 US**

Mailing Address
**P. O. DRAWER 129
ELKTON, FL 32033 US**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2876034

Applicable
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENNINGS, PATRICIA K.
2141B DOBBS RD.
ST. AUGUSTINE, FL 32086**

**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 the obligations of registered agent.

SIGNATURE

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	D
NAME	JENNINGS, PATRICIA K.
STREET ADDRESS	2141B DOBBS RD.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	SMITH, JEFFREY E
STREET ADDRESS	2141B DOBBS RD.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	FORANCE, STEPHAN P
STREET ADDRESS	2141B DOBBS RD.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/06-80018-007 150.00

**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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

04-07-06

904-884-8814