

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 18 AM 9:41

DOCUMENT # N05000008716

1. Entity Name
THE MR. SMART BIRD FOUNDATION, INC.



Principal Place of Business
5258-12 NORWOOD AVENUE
JACKSONVILLE, FL 32208

Mailing Address
5258-12 NORWOOD AVENUE
JACKSONVILLE, FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07202006

Chg-NP

CR2E037 (4/06)

4. FEI Number

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

JONES, CORY
5258-12 NORWOOD AVENUE
JACKSONVILLE, FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME JONES, CORY
STREET ADDRESS 5258-12 NORWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME 300078976453
STREET ADDRESS 08/22/06--01016--002
CITY-ST-ZIP **1261.25

TITLE VP ☐ Delete
NAME JONES, CHRISTOPHER
STREET ADDRESS 5258-12 NORWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32208

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/06

Date

904-764 7745

Daytime Phone #