


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # N23158 1. Entity Name MARY JESS COMMERCE CENTER PROPERTY OWNERS' ASSOCIATION, INC. | |  |
| Principal Place of Business % JIM FORD 5603 COMMERCE DRIVE ORLANDO, FL 32839 US | Mailing Address % JIM FORD 5603 COMMERCE DRIVE ORLANDO, FL 32839 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent DRAGE, THOMAS B., JR. 116 ORANGE AVENUE ORLANDO, FL 32802 | | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EDDY, DAVID A. 5500 COMMERCE DRIVE ORLANDO, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORD, JIM 5524 COMMERCE DRIVE ORLANDO, FL 32839 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DEACON, OREN 5611 COMMERCE DRIVE ORLANDO, FL 32839 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FORD, JIM 5524 COMMERCE DRIVE ORLANDO, FL 32839 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty Row) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty Row) | |
| 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 like empowered | | |
| SIGNATURE: <u>James S. Ford</u> James S. Ford <u>1/5/06 407 760 6153</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |



01052006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-2790841 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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01/11/06-80024-020 61.25

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