2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# N34878

Entity Name: DOWNTOWN PALATKA, INC.

Current Principal Place of Business:

P.O. BOX 1351
201 N 2ND ST.
PALATKA, FL 321781351 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1351
201 N 2ND ST.
PALATKA, FL 321781351 US

New Mailing Address:

FEI Number: 59-3138187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEDSTROM, EDWARD E ESQ
601 ST JOHNS AVE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: 1STV ( ) Delete
Name: FREEMAN, LEN
Address: 422 RIVER ST
City-St-Zip: PALATKA, FL 32177

Title: P ( ) Delete
Name: LAIBL, CHIP
Address: 514 REID ST
City-St-Zip: PALATKA, FL 32177

Title: S ( ) Delete
Name: DEPUTY, SAM
Address: 623 ST. JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: TREA ( ) Delete
Name: CUTRER, KEITH
Address: 332 ST. JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: SACCARECCIA, CLEMENTINE
Address: 311 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMENTINE SACCARECCIA D 07/05/2006

Electronic Signature of Signing Officer or Director — Date