


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N98000001063 1. Entity Name GUANA AREA/INTRACOASTAL NETWORK, INC. |  |
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| Principal Place of Business 12 SAN JUAN CIR PONTE VEDRA BEACH, FL 32082 | Mailing Address 12 SAN JUAN CIR PONTE VEDRA BEACH, FL 32082 |
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| DO NOT WRITE IN THIS SPACE |
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03312005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3520445 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent PENNINGTON, C. RUFUS III 12 SAN JUAN CIR PONTE VEDRA BEACH, FL 32082 |
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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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, JOHN B M.D. 401 SAN JUAN DR PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENNINGTON, C. RUFUS 12 SAN JUAN CIR PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOY, SHALE 132 13TH AVE SOUTH, #10 JACKSONVILLE BEACH, FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAILEY, SARAH 2202 BISHOP ESTATE ROAD JACKSONVILLE, FL 32259 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAWRENCE, GREGORY A E 300 WEST ADAMS STREET, STE 480 JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'HARA, STEPHEN J JR ONE INDEPENDENT DRIVE, STE 1601 JACKSONVILLE, FL 32202 |

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04/08/05-80075-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

904-355-7508

Daytime Phone #