

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003335**

1. Entity Name  
**PARK AVENUE SUITES, INC.**



Principal Place of Business

**1401 PARK AVENUE  
SUITE A  
AMELIA ISLAND, FL 32034**

Mailing Address

**1401 PARK AVENUE  
SUITE A  
AMELIA ISLAND, FL 32034**



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number

**59-3580852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HOLCOMB, DARRELL F  
1401 PARK AVE STE C  
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000472539  
03/29/06-80040-020 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FSD  
WALLACE, JAMES W  
1401 PARK AVENUE SUITE A  
FERNANDINA BEACH, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLCOMB, DARRELL F  
1401 PARK AVE STE C  
FERNANDINA BEACH, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WATKINS, BILLY RAY  
1401 PARK AVE STE C  
FERNANDINA BEACH, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FD Ansell Holcomb Jr.**

**3/16/06 904 277 3914**

Date

Daytime Phone