

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90009 042 ***150.00

DOCUMENT # P00000022315

1. Entity Name
JAGUAR DRYWALL OF PONTE VEDRA BEACH, INC.



Principal Place of Business
**1891 BLUE HERON LN.
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1891 BLUE HERON LN.
JACKSONVILLE BEACH, FL 32250**

2. Principal Place of Business
1411 Hibiscus Street
Suite, Apt. #, etc.

3. Mailing Address
1411 Hibiscus Street
Suite, Apt. #, etc.



01182006 Chg-P CR2E034 (11/05)

City & State
Atlantic Beach, FL
Zip
32233
Country

City & State
Atlantic Beach
Zip
32233
Country

4. FEI Number
59-3630680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, MICHAELYN C
1125 13TH AVE. N.
JACKSONVILLE, FL 32250**

7. Name and Address of New Registered Agent

Name **Adams, Michealyn C.**
Street Address (P.O. Box Number is Not Acceptable)
1035 5th Street North
City **Jacksonville Beach FL** Zip Code **32250**

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 **Michealyn C. Adams Michealyn C. Adams** **2/17/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEE, MARK A**
STREET ADDRESS **1891 BLUE HERON LANE**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **VP** ☐ Delete
NAME **KIRKLAND, LARRY M**
STREET ADDRESS **2180 BRIGHTON BAY TRAIL**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
NAME **3521 WATERCHASE WAY, EAST**
STREET ADDRESS **JACKSONVILLE, FL 32224**
CITY-ST-ZIP

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

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

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

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

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 607, 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 **MARK A. Lee** **2/20/06** **904-241-8532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #