

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90068 012 \*\*\*150.00

| <b>DOCUMENT # P00000047224</b><br>1. Entity Name<br><b>SAFE 1031 HARBOUR, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
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| Principal Place of Business<br><del>800-C 3RD ST.</del><br><b>NEPTUNE BEACH, FL 32266</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       | Mailing Address<br><del>800-C 3RD ST.</del><br><b>NEPTUNE BEACH, FL 32266</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| 2. Principal Place of Business<br>Suite, Apt. #, or <b>PLEASE NOTE NEW ADDRESS:</b><br>City & State <b>1122 Third St. (Suite 6)</b><br><b>Neptune Beach, FL 32266</b><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | 04092006 Chg-P CR2E034 (11/05)<br>4. FEI Number <b>59-3677801</b> Applied For<br>Not Applicable                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       | 6. Name and Address of Current Registered Agent<br><del>FORSYTH, ALLISON W</del><br><del>800-C 3RD ST.</del><br><b>NEPTUNE BEACH, FL 32266</b>                                                                                                                                                                                                                                                                            |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| 7. Name and Address of New Registered Agent<br>Name <b>BRIAN JOHNSON, Esq</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>800-B Third Street</b><br>City <b>NEPTUNE BEACH, FL</b> Zip Code <b>32266</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                              |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D<br/>KEENE, RICHARD C <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">(D) CPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KEENE, RICHARD C</td> <td>NAME</td> <td>Richard C. Keene Atty., P.A.</td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>800-C 3RD ST.</del></td> <td>STREET ADDRESS</td> <td>1122 Third St. (Suite 6)</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEPTUNE BEACH, FL 32266</td> <td>CITY-ST-ZIP</td> <td>Neptune Beach, FL 32266</td> </tr> <tr> <td></td> <td></td> <td></td> <td>PH: 904-247-1600; FX: 247-1696</td> </tr> <tr> <td>TITLE</td> <td>D <input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>MARY E. KEENE (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JAFFE, STEPHANIE O</td> <td>NAME</td> <td>733 BAY ST.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1511 LEEWARD LANDING</td> <td>STREET ADDRESS</td> <td>NEPTUNE BEACH, FL 32266</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEPTUNE BEACH, FL 32266</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>SHARON B. BECKLER (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>BEAR PEN RD</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>P. J. BEACH, FL 32082</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table> |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | TITLE | D<br>KEENE, RICHARD C <input type="checkbox"/> Delete | TITLE | (D) CPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | KEENE, RICHARD C | NAME | Richard C. Keene Atty., P.A. | STREET ADDRESS | <del>800-C 3RD ST.</del> | STREET ADDRESS | 1122 Third St. (Suite 6) | CITY-ST-ZIP | NEPTUNE BEACH, FL 32266 | CITY-ST-ZIP | Neptune Beach, FL 32266 |  |  |  | PH: 904-247-1600; FX: 247-1696 | TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | MARY E. KEENE (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | JAFFE, STEPHANIE O | NAME | 733 BAY ST. | STREET ADDRESS | 1511 LEEWARD LANDING | STREET ADDRESS | NEPTUNE BEACH, FL 32266 | CITY-ST-ZIP | NEPTUNE BEACH, FL 32266 | CITY-ST-ZIP |  | TITLE | <input type="checkbox"/> Delete | TITLE | SHARON B. BECKLER (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  | NAME | BEAR PEN RD | STREET ADDRESS |  | STREET ADDRESS | P. J. BEACH, FL 32082 | CITY-ST-ZIP |  | CITY-ST-ZIP |  | TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  | NAME |  | STREET ADDRESS |  | STREET ADDRESS |  | CITY-ST-ZIP |  | CITY-ST-ZIP |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>KEENE, RICHARD C <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                     | (D) CPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | KEENE, RICHARD C                                      | NAME                                                                                                                                                                                                                                                                                                                                                                                                                      | Richard C. Keene Atty., P.A.                                                                       |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del>800-C 3RD ST.</del>                              | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                            | 1122 Third St. (Suite 6)                                                                           |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NEPTUNE BEACH, FL 32266                               | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                               | Neptune Beach, FL 32266                                                                            |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           | PH: 904-247-1600; FX: 247-1696                                                                     |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D <input checked="" type="checkbox"/> Delete          | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                     | MARY E. KEENE (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JAFFE, STEPHANIE O                                    | NAME                                                                                                                                                                                                                                                                                                                                                                                                                      | 733 BAY ST.                                                                                        |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1511 LEEWARD LANDING                                  | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                            | NEPTUNE BEACH, FL 32266                                                                            |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NEPTUNE BEACH, FL 32266                               | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                       | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                     | SHARON B. BECKLER (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       | NAME                                                                                                                                                                                                                                                                                                                                                                                                                      | BEAR PEN RD                                                                                        |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                            | P. J. BEACH, FL 32082                                                                              |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                       | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       | NAME                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | 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.<br><b>SIGNATURE:</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |
| APR 10 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | 904/247-1600                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                            |  |                                                       |  |       |                                                       |       |                                                                                      |      |                  |      |                              |                |                          |                |                          |             |                         |             |                         |  |  |  |                                |       |                                              |       |                                                                                                |      |                    |      |             |                |                      |                |                         |             |                         |             |  |       |                                 |       |                                                                                                    |      |  |      |             |                |  |                |                       |             |  |             |  |       |                                 |       |                                                                   |      |  |      |  |                |  |                |  |             |  |             |  |