


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90212 021 ***150.00

DOCUMENT # P00000114883

1. Entity Name
 NAVIGY HOLDINGS, INC.



Principal Place of Business
 4800 DEERWOOD CAMPUS PAKWY
 BLDG 100 7TH FLOOR
 JACKSONVILLE, FL 32246-8273

Mailing Address
 50 N. LAURA STREET
 SUITE 2600
 JACKSONVILLE, FL 32202

60032856



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
 59-3688054

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

JOLLY, AREZOU C
 4800 DEERWOOD CAMPUS PAKWY
 BLDG 100 7TH FLOOR
 JACKSONVILLE, FL 32246-8273

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	GRANTHAM, L. JOSEPH	
STREET ADDRESS	4800 DEERWOOD CAMPUS PAKWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOLLY, AREZOU C	
STREET ADDRESS	4800 DEERWOOD CAMPUS PAKWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALL, ROBERT	
STREET ADDRESS	4800 DEERWOOD CAMPUS PAKWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARDEMAN, DONALD M	
STREET ADDRESS	4800 DEERWOOD CAMPUS PAKWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOERR, R. CHRIS	
STREET ADDRESS	4800 DEERWOOD CAMPUS PAKWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Read	
STREET ADDRESS	4800 Deerwood Campus Pkwy.	
CITY-ST-ZIP	Jacksonville, FL 32246-8273	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim Read* **4-24-06** **(904) 905-6024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #