

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90357 042 \*\*\*150.00

DOCUMENT # P01000001260

1. Entity Name  
JACKSONVILLE PROPERTIES HOLDING CORP.



Principal Place of Business  
9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246 US

Mailing Address  
9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246 US

**60029502**



02152006 Chg-P CR2E034 (11/05)

4. FEI Number  
52-2285468

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NUNN, DANIEL B JR  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202

## 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 PD  
NAME KOEGLER, STEVEN C ☐ Delete  
STREET ADDRESS 9995 GATE PARKWAY N, SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VPD  
NAME KAVALIEROS, THEODOROS I ☒ Delete  
STREET ADDRESS 9995 GATE PARKWAY N, SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE STD  
NAME CHATTIN, WILLIAM E ☐ Delete  
STREET ADDRESS 9995 GATE PARKWAY N, SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, VP  
NAME Steven C. Kogler ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE VPD  
NAME Nick Kavalieros ☐ Change ☒ Addition  
STREET ADDRESS 9995 Gate Pkwy N. Ste 400  
CITY-ST-ZIP Jacksonville, FL 32246

TITLE Assist. Sect.  
NAME Lisa Kavalieros ☐ Change ☒ Addition  
STREET ADDRESS 9995 Gate Parkway N. Ste 400  
CITY-ST-ZIP Jacksonville, FL 32246

TITLE PD  
NAME Raissa Frenkel ☐ Change ☒ Addition  
STREET ADDRESS 9995 Gate Parkway N. Ste 400  
CITY-ST-ZIP Jacksonville, FL 32246

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06 904-996-8800  
Date Daytime Phone #