


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 A
Secretary of State

DOCUMENT # P02000099375

1. Entity Name
 50HWY17S, INC.



Principal Place of Business Mailing Address
 50 HWY 17 SOUTH 50 HWY 17 SOUTH
 YULEE, FL 32097 YULEE, FL 32097



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 56-2292990 Not Applicable

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

6. Name and Address of Current Registered Agent

TOMASSETTI, A. JEFFREY ESQ
 406 ASH STREET
 FERNANDINA, FL 32034

U00000562588
 05/19/06-80061-024 150.00

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 _____ (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

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDST CLAXTON, W DOYLE 50 HWY 17 SOUTH YULEE, FL 32097 |
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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: W. Doyle Claxton Doyle Claxton 4/21/06 904-225-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #