

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90084 014 \*\*\*150.00

**DOCUMENT # P03000026894**

1. Entity Name  
**NEW START PROPERTY MANAGEMENT COMPANY**



Principal Place of Business  
**404 NORTH 4TH STREET  
SUITE # 1  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**P. O. BOX 3494  
PONTE VEDRA BEACH, FL 32004**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2083759**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KELLY, KENNETH A** *Roger Tompkins*  
**421 E CENTRAL AVE #1202**  
**ORLANDO, FL 32801** *(Changed 4-1-06)*

**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	DC TOMPKINS, ROGER B 8200 SHADE TREE LN JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC KELLY, KENNETH A 421 E CENTRAL BLVD #1202 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEADE, DOUGLAS 3221 FIDDLERS HAMMOCK LN PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMPKINS, CAROL K 8220 SHADE TREE LN JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEADE, KIMBERLY K 3221 FIDDLERS HAMMOCK LN PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Douglas Meade*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/06*  
Date

*904-382-1094*  
Daytime Phone #