

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000034510**

1. Entity Name

**CAPITAL ANALYSTS WEALTH ADVISORS OF  
JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business

**8160 BAYMEADOWS WAY WEST SUITE 310  
JACKSONVILLE FL 32256**

Mailing Address

**8160 BAYMEADOWS WAY WEST SUITE 310  
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**03-0512355**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OGIER, R. BRUCE  
8160 BAYMEADOWS WAY WEST SUITE 310  
JACKSONVILLE FL 32256**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
OGIER, R. BRUCE  
4064 PONTE VEDRA BLVD  
JACKSONVILLE FL 32250**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
HALL, M. ELAINE  
628 SECOND STREET  
NEPTUNE FL 32266**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
BORDELON, SHERYL P  
12775 BURNING TREE LANE WEST  
JACKSONVILLE FL 32223**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOURO, MARK A  
1379 MALLARD LANDING BLVD N  
JACKSONVILLE FL 32259**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**R. Bruce Ogier**

**1/27/06**

**904-730-7433**

Date

Daytime Phone #