

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90029 024 \*\*\*150.00

**DOCUMENT # P03000037414**

1. Entity Name

**FBW OF BARTRAM VILLAGE, INC.**



Principal Place of Business

**625 ST 13 N  
FRUIT COVE, FL 32259**

Mailing Address

**6260 DUPONT STATION CT  
SUITE D  
JACKSONVILLE, FL 32217**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-0177436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, CHARLES B  
6260 DUPONT STATION CT  
D  
JACKSONVILLE, FL 32217**

**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 P/D  
NAME PRICE, CHARLES B  
STREET ADDRESS 6260 DUPONT STATION CT STE D  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE SH  
NAME KELLY, TIMOTHY P  
STREET ADDRESS 1016 LA SALLE ST  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE V/D  
NAME PRICE, SAMUEL  
STREET ADDRESS 6260 DUPONT STATION CT STE D  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE S/T  
NAME MESNER, HARRY  
STREET ADDRESS 6260 DUPONT STATION CT STE D  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** **Harry Mesner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/06 904367-1700x1**  
Date Daytime Phone #