

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90394 026 ***150.00

DOCUMENT # P03000042989

1. Entity Name
LENNON PROPERTIES, INC.



Principal Place of Business
**3811 UNIVERSITY BLVD WEST
SUITE 21
JACKSONVILLE, FL 32217**

Mailing Address
**3811 UNIVERSITY BLVD WEST
SUITE 21
JACKSONVILLE, FL 32217**



2. Principal Place of Business
11251 PHILLIPS PKWY DR E
Suite, Apt. #, etc.

3. Mailing Address
11251 PHILLIPS PKWY DR E
Suite, Apt. #, etc.

04142006 Chg-P CR2E034 (11/05)

City & State
JACKSONVILLE FL
Zip
32256 Country
USA

City & State
JACKSONVILLE FL
Zip
32256 Country
USA

4. FEI Number
71-0942467

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LENNON, PATRICK C
3811 UNIVERSITY BLVD WEST
SUITE 21
JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11251 PHILLIPS PKWY DR. E

City **JACKSONVILLE** **FL** Zip Code **32256**

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 **P. Lennon** **PATRICK LENNON PRES.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/14/06
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 **D** ☐ Delete
NAME **LENNON, PATRICK C**
STREET ADDRESS **3811 UNIVERSITY BLVD WEST SUITE 21**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **D** ☐ Delete
NAME **LENNON, ANGELA M**
STREET ADDRESS **3811 UNIVERSITY BLVD WEST SUITE 21**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **11251 PHILLIPS PKWY DR. E**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11251 PHILLIPS PKWY DR E**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

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: **P. Lennon** **PATRICK LENNON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 **904) 739-2450**
Date Daytime Phone #