## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Wit A. Beard

## May 10, 2006 8:00 am Secretary of State DOCUMENT # P03000076415 05-10-2006 90101 006 \*\*\*150.00 1. Entity Name PENBAY PROPERTIES, INC. Principal Place of Business Mailing Address 4741 ALGONQUIN AVENUE 4741 ALGONQUIN AVENUE JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address 7562 Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number Florida 20-0130449 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32210 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Beard BEARD, WIRT A JR. Street Address (P.O. Box Number is Not Acceptable) 4741 ALGONQUIN AVENUE JACKSONVILLE FL: 82210 Ortega 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 agont and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition BEARD, WIRT A JR. NAME 4595 Ortega Blvd. 4595 Ortega Blvd. 4741 ALGONQUIN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP ☐ Delete BEARD, MARGARET M NAME STREET ADDRESS 4741 ALGONQUIN AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP TITLE Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Wirt A-Beard Jr. 4/27/06 904.545-6590

**FILED**