

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90069 020 \*\*\*150.00

<b>DOCUMENT # P03000128460</b>	
1. Entity Name <b>REALTY ONE JACKSONVILLE, INC.</b>	

Principal Place of Business <b>11648 FT. CAROLINE LAKES DRIVE JACKSONVILLE, FL 32225</b>	Mailing Address <b>11648 FT. CAROLINE LAKES DRIVE JACKSONVILLE, FL 32225</b>
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2. Principal Place of Business <b>15737 NORTHSIDE DR E</b> Suite, Apt. #, etc.	3. Mailing Address <b>15737 NORTHSIDE DR E</b> Suite, Apt. #, etc.
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City & State <b>JACKSONVILLE</b>	City & State <b>JACKSONVILLE</b>
Zip <b>32218</b> Country <b>USA</b>	Zip <b>32218</b> Country <b>USA</b>

04282006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0388591</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MULDROW, MICHAEL 11648 FT. CAROLINE LAKES DRIVE JACKSONVILLE, FL 32225</b>	7. Name and Address of New Registered Agent Name <b>MULDROW MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>15737 NORTHSIDE DR E</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32225</b>
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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 **MULDROW MICHAEL** *Michael Muldrow* 5/1/06  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MULDROW, MICHAEL 11648 FT. CAROLINE LAKES DRIVE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MULDROW MICHAEL 15737 NORTHSIDE DR E JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michael Muldrow** *Michael Muldrow* 5/1/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #