

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90071 001 \*\*\*450.00

DOCUMENT # P04000021136

1. Entity Name  
ROWLAND GEORGIA PROPERTIES, INC.



Principal Place of Business  
3408 LANDS END DRIVE  
SAINT AUGUSTINE, FL 32084-7744

Mailing Address  
3408 LANDS END DRIVE  
SAINT AUGUSTINE, FL 32084-7744

66001140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-0654102

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

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
50 NORTH LAURA STREET STE 2900  
ST AUGUSTINE, FL 32084-7744

Name

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

208 N Laura St #800

City

Jacksonville

FL

Zip Code  
32202

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

G. Alan Howard, President 1-31-06

**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 PD ☐ Delete  
NAME ROWLAND, CAROL C  
STREET ADDRESS 3408 LANDS END DRIVE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 320847744

TITLE VPD ☐ Delete  
NAME ROWLAND, MARSHALL W SR  
STREET ADDRESS 3408 LANDS END DRIVE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 320847744

TITLE S ☐ Delete  
NAME ROWLAND, BRIAN M ESQ.  
STREET ADDRESS 50 N. LAURA ST., STE 2900  
CITY-ST-ZIP JACKSONVILLE, FL 32202

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  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME 208 N. Laura St #800  
STREET ADDRESS Jacksonville FL 32202  
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06 904-357-3660

Date

Daytime Phone #