

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000044513

1. Entity Name
BRENTWOOD PARK GP, INC.



Principal Place of Business
1300 BROAD STREET
JACKSONVILLE, FL 32202

Mailing Address
1300 BROAD STREET
JACKSONVILLE, FL 32202



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0851695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, RONNIE
1300 BROAD STREET
JACKSONVILLE, FL 32202

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000824601
02/20/08-80086-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERGUSON, RONNIE
STREET ADDRESS	1300 BROAD STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	D
NAME	LANE, EDWARD III
STREET ADDRESS	1300 BROAD STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	D
NAME	TOMM, CHARLIE
STREET ADDRESS	1300 BROAD STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	D
NAME	MEANS, ELIZABETH G
STREET ADDRESS	1300 BROAD STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	D
NAME	PLOTKIN, JAY A
STREET ADDRESS	1300 BROAD STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #