

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90180 034 ***150.00

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01052006 Chg-P CR2E034 (11/05)

4. FEI Number **41-2137849** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FLOYD, ANN R
155 VILANO RD.
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name **JACQUELINE B. JOHNS**
Street Address (P.O. Box Number is Not Acceptable) **40 BEACHCOMBER WAY**
ST. AUGUSTINE, FL 32084
City **ST. AUGUSTINE** **FL** Zip Code **32084**

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 JACQUELINE B. JOHNS 12-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 **FLOYD, ANN R**
STREET ADDRESS **8845 HERLONG RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **P** ☐ Delete
NAME **JOHNS, JACQUELINE B**
STREET ADDRESS **40 BEACHCOMBER WAY**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE **ST** ☒ Delete
NAME **FLOYD, ANN R**
STREET ADDRESS **8845 HERLONG RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **Vice Pres** ☐ Delete
NAME **Vivian C. Browning**
STREET ADDRESS **40 Beachcomber Way**
CITY-ST-ZIP **St. Augustine, FL 32084**

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 **D** ☒ Change ☐ Addition
NAME **JACQUELINE B. JOHNS**
STREET ADDRESS **40 BEACHCOMBER WAY**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084** ☐ Change ☐ Addition

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

TITLE **ST** ☒ Change ☐ Addition
NAME **JACQUELINE B. JOHNS**
STREET ADDRESS **40 BEACHCOMBER WAY**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084** ☐ Change ☐ Addition

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 Jacqueline B. Johns JACQUELINE B. JOHNS 12-31-05 904/824-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #