2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000090919

1. Entity Name
SNACK SHACK OF ORANGE PARK INC.

Principal Place of Business
777 DUART DR
ORANGE PARK, FL 32073

Mailing Address
POST OFFICE BOX 41285
JACKSONVILLE, FL 32073

DO NOT WRITE IN THIS SPACE

02012006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1037072	Not Applicable

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

6. **Name and Address of Current Registered Agent**

WALDRON, ROSE H
777 DUART DR
ORANGE PARK, FL 32073

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, 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	PT
NAME	WALDRON, ROSE H
STREET ADDRESS	777 DUART DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	SVP
NAME	HENRY, GEORGE V JR
STREET ADDRESS	10522 WOOSTER DR
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	V
NAME	WALDRON, PATRICK B
STREET ADDRESS	777 DUART DR
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	S
NAME	WALDRON, SEAN B
STREET ADDRESS	777 DUART DR
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Rose H. Waldron_   2/24/06   904-276-9380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #