


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

17

DOCUMENT # P04000097376	
1. Entity Name ST JAX BEACH, INC.	

5/58 FILED  
05 MAY -4 PM 5:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789	Mailing Address 2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789
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2. Principal Place of Business 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs FL Zip 32701 Country USA	3. Mailing Address 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs Zip 32701 Country USA
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03312005 Chg-P CR2E034 (10/03) 158-75

4. FEI Number 20-1359315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LECESSE DEVELOPMENT CORPORATION 2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 S. Northlake Blvd, Suite 450 City Altamonte Springs FL Zip Code 32701	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Salvador F. Leccese 650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300054345323 05/12/05--01081--014 ***458.75
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 exemption stated in Section 119.07(3)(i), 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: Salvador F. Leccese 4-6-05 407-645-5575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/10/05