

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000097376

Entity Name: ST JAX BEACH, INC.

FILED
Aug 17, 2006
Secretary of State

Current Principal Place of Business:

650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-1359315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECESSE DEVELOPMENT CORPORATION
650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LECESE, SALVADOR
Address: 650 S. NORTHLAKE BLVD., SUITE 450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LECESE, SALVADOR
Address: 650 S. NORTHLAKE BLVD., SUITE 450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V/D () Change (X) Addition
Name: GROSCH, FRANK
Address: 650 S NORTHLAKE BLVD., SUITE 450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Change (X) Addition
Name: FLYNN, JOHN
Address: 650 S NORTHLAKE BLVD., SUITE 450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVADOR LECESE

P

08/17/2006

Electronic Signature of Signing Officer or Director

Date