

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000097376

1. Entity Name
ST JAX BEACH, INC.



Principal Place of Business
**650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701**

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



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1359315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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

Sam F. Lece
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/08

**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

U00000844038

03/12/08 00022-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LECCSE, SALVADOR
STREET ADDRESS	650 S. NORTHLAKE BLVD., SUITE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	V/D
NAME	GROSCH, FRANK
STREET ADDRESS	650 S NORTHLAKE BLVD., SUITE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	V/S
NAME	FLYNN, JOHN
STREET ADDRESS	650 S NORTHLAKE BLVD., SUITE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Sam F. Lece
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/08

*947
645-5575*