

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097376

FILED
Jan 07, 2010
Secretary of State

Entity Name: ST JAX BEACH, INC.

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 (X)

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: V/S
Name: FLYNN, JOHN
Address: 650 S NORTHLAKE BLVD., SUITE 450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: SALVADOR F. LECCESE

P

01/07/2010

Electronic Signature of Signing Officer or Director

_____ Date