

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135776

Entity Name: T & A ON SAN JUAN, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

1723 BLANDING BLVD
102
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

1723 BLANDING BLVD
102
JACKSONVILLE, FL 32210

New Mailing Address:

222 NORTH OCEANFRONT
JACKSONVILLE BEACH, FL 32250

FEI Number: 56-2507995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, LANCE PAUL
1723 BLANDING BLVD STE 102
JACKSONVILLE, FL 32210 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: D, () Delete
Name: GATES, STEPHANIE
Address: 7208 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: HOWARD, SHARON
Address: 7208 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: P () Delete
Name: HOWARD, SHARON
Address: 7208 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP () Delete
Name: GATES, STEPHANIE
Address: 7208 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: ST () Delete
Name: GATES, STEPHANIE
Address: 7208 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON HOWARD

PSD

04/19/2006

Electronic Signature of Signing Officer or Director

Date