

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90205 026 ***158.75

DOCUMENT # P04000148770

1. Entity Name

TROPICAL HORIZON OF FLEMING ISLAND, INC.



Principal Place of Business

P O BOX 65321
ORANGE PARK FL 32067

Mailing Address

P O BOX 65321
ORANGE PARK FL 32067

NOT ON 3rd AU-
11



2. Principal Place of Business

P.O. Box 65231

3. Mailing Address

P.O. Box 65231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

O.P. FL.

City & State

O.P. FL.

4. FEI Number

20-1790598

Applied For

Not Applicable

Zip

32065

Country

U.S.A.

Zip

32065

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRADY H. WILLIAMS, JR., LL.M.
1543-5 KINGSLEY AVE.
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name Florida Agent, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1543-5 Kingsley Avenue

City Orange Park

FL

Zip Code

32073

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

Grady H. Williams, Jr., Vice President (Grady H. Williams, Jr.)

2/16/2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P, S
NAME MCDARBY, PATRICIA L
STREET ADDRESS 1836 OLD FLEMING GROVE ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☒ Delete

TITLE VP
NAME BALDRIDGE, STEVE
STREET ADDRESS P.O. BOX 65321
CITY-ST-ZIP ORANGE PARK FL 32067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P, S, VP
NAME BALDRIDGE STEVE
STREET ADDRESS P.O. BOX 65231
CITY-ST-ZIP ORANGE PARK FL 32065 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

St S. Baldrige

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 (904) 591-7873

Date

Daytime Phone #