## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000149956

1. Entity Name
FLORIDA EAST CORPORATION



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

121 10TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250 121 10TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250



04022006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1817095 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BARTLETT, PATRICK G 121 10TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250

## DO NOT WRITE IN THIS SPACE

JACKSONVILLE BEACH, FL 32230			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registere			Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTÓRS			· <del>-</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTLETT, PATRICK G 121 10TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250				U00000538177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BARTLETT, PATRICK G 121 10TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250				05/09/06-80047-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director					

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: 1

-----

Davime Phone