2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047418

Entity Name: JAXADELPHIA, INC.

FILED Aug 17, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
100 CROSSTIDE CIRCLE PONTE VEDRA BEACH, FL 32082				13364 BEACH BOULEVARD UNIT 729			
				JACKSONVILLE, FL 3224			
Current Mailing Address:				New Mailing Address:			
100 CROSSTIDE CIRCLE PONTE VEDRA BEACH, FL 32082				13364 BEACH BOULEVARD UNIT 729 JACKSONVILLE, FL 32224			
FEI Number:	20-2491066	FEI Number Applied For ()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:		Name and	Address of N	New Registered Agent:	
MCGARRIGLE, MARY 100 CROSSTIDE CIRCLE PONTE VEDRA BEACH, FL 32082 US				MCGARRIGLE, MARY 13364 BEACH BOULEVARD JACKSONVILLE, FL 32224 US			
The above in the State		ubmits this statement for the p	purpose o	f changing i	ts registered o	office or registered agent, or both,	
SIGNATURE:				08/17/2006			
Electronic Signature of Registered Agent						Date	
		(2)(b), F.S., the corporation did no	ot receive t	he prior notic	e.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				APPITIONO/OUANOES TO OFFICERS AND DIRECTORS			
OFFICERS	AND DIRECT	ORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MCGARRIGLE, I 100 CROSSTIDE			Title: Name: Address: City-St-Zip:	MCGARRIGLE	BOULEVARD UNIT 729	
Title: Name: Address: City-St-Zip:	V () MARTINENZA, T 535 GARDENWO JACKSONVILLE	OOD CT		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete EKERN, DOUG 1034 THEODORE AVE JACKSONVILLE, FL 32250			Title: () Change () Addition Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	MARCUM, BERN	Y BLVD NO 2618		Title: Name: Address: City-St-Zip:	() Change ()Addition	

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: MARY MC GARRIGLE P 08/17/2006