


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90101 039 ***150.00

DOCUMENT # P05000105481 1. Entity Name JEKYLL & HYDE PRODUCTIONS, INC.																																																																																													
Principal Place of Business 13200 GRANT LOGAN LANE JACKSONVILLE, FL 32225			Mailing Address 13200 GRANT LOGAN LANE JACKSONVILLE, FL 32225																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																											
City & State		City & State																																																																																											
Zip	Country	Zip	Country																																																																																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																									
HYDE, KATHLEEN D 13200 GRANT LOGAN LANE JACKSONVILLE, FL 32225				Name																																																																																									
				Street Address (P.O. Box Number is Not Acceptable)																																																																																									
				City FL Zip Code																																																																																									
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: <u><i>Kathleen Hyde</i></u> V.P. 6/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																													
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D P <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FOX, COREY M</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13200 GRANT LOGAN LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32225</td> </tr> <tr> <td>TITLE</td> <td>D VP <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HYDE, KATHLEEN D</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13200 GRANT LOGAN LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32225</td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Peter J. McMahon</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2142 Cypress Landing Dr.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ATLANTIC BEACH FL 32233</td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> </table> </div> </div>						TITLE	D P <input type="checkbox"/> Delete	NAME	FOX, COREY M	STREET ADDRESS	13200 GRANT LOGAN LANE	CITY-ST-ZIP	JACKSONVILLE, FL 32225	TITLE	D VP <input type="checkbox"/> Delete	NAME	HYDE, KATHLEEN D	STREET ADDRESS	13200 GRANT LOGAN LANE	CITY-ST-ZIP	JACKSONVILLE, FL 32225	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Peter J. McMahon	STREET ADDRESS	2142 Cypress Landing Dr.	CITY-ST-ZIP	ATLANTIC BEACH FL 32233	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 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: <u><i>Kathleen Hyde</i></u> V.P. 6/13/06 (904) 662-4400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																													



05102006 Chg-P CR2E034 (11/05)

4. FEI Number **27-0129922** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required