

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133149

Entity Name: KERNAN BLVD. ASSOCIATES, INC.

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408 US

New Principal Place of Business:

Current Mailing Address:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408 US

New Mailing Address:

FEI Number: 20-3743437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, MABRY JR.
414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408 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: P/D () Delete
Name: WOOD, SUSAN D
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

Title: CFO () Delete
Name: EDWARDS, MABRY JR.
Address: 129 PARKSIDE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 320956816 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change () Addition
Name: WOOD, SUSAN D
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

Title: P/D (X) Change () Addition
Name: EDWARDS, MABRY JR.
Address: 129 PARKSIDE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 320956816 US

Title: S/D () Change (X) Addition
Name: SPENCER, SANDRA S
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

Title: CFO () Change (X) Addition
Name: EDWARDS, MABRY JR.
Address: 129 PARKSIDE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 320956816 US

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: BY - MABRY EDWARDS JR - ITS PRESIDENT

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

Date