

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133149

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: KERNAN BLVD. ASSOCIATES, INC.

**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