

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90352 046 ***150.00

DOCUMENT # P92000001531 1. Entity Name CHIMNEY LAKES INVESTMENT COMPANY					
Principal Place of Business 2021 ART MUSEUM DRIVE SUITE 200 JACKSONVILLE, FL 32207 US			Mailing Address 2021 ART MUSEUM DRIVE SUITE 200 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business 115 Solana Road		3. Mailing Address 115 Solana Road			
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc. Suite D			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL			
Zip 32082	Country USA	Zip 32082	Country USA	4. FEI Number 59-3152861	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, FRANK E. 200 W. FORSYTH ST SUITE 1400 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Miller, Frank E. Street Address (P.O. Box Number is Not Acceptable) 245 Riverside Avenue Suite 400 City Jacksonville FL Zip Code 32202		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BEARD, WIRT A JR <input type="checkbox"/> Delete 2021 ART MUSEUM DRIVE, SUITE 200 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beard, Wirt A Jr. 4595 Ortega Blvd. Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input type="checkbox"/> Delete HOWELL, WILLIAM R II 2021 ART MUSEUM DRIVE, SUITE 200 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Howell, William R II 4167 Ortega Blvd. Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Wirt A. Beard, Jr. [Signature] 4/11/06 904.545.6590 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					