

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90034 028 ***150.00

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1. Entity Name
PONTE VEDRA EQUITIES, INC.



Principal Place of Business

**1 SLEIMAN PARKWAY
SUITE 270
JACKSONVILLE, FL 32216**

Mailing Address

**1 SLEIMAN PARKWAY
SUITE 270
JACKSONVILLE, FL 32216**

20031223



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3199986

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SLEIMAN, ANTHONY T
1 SLEIMAN PARKWAY SUITE 270
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SLEIMAN, ANTHONY T
STREET ADDRESS 1 SLEIMAN PARKWAY SUITE 270
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VD
NAME SLEIMAN, PETER D
STREET ADDRESS 1 SLEIMAN PARKWAY SUITE 270
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE SD
NAME SLEIMAN, ELI T JR.
STREET ADDRESS 1 SLEIMAN PARKWAY SUITE 270
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE TD
NAME SLEIMAN, JOSEPH E
STREET ADDRESS 1 SLEIMAN PARKWAY SUITE 270
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, without other like empowered.

SIGNATURE:

Peter D. Sleiman

1/19/05

904/731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #