

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000070388**

1. Entity Name  
**ST. JOE CENTER, INC.**



Principal Place of Business  
**4984 PALM COAST PKWY NW  
PALM COAST, FL 32137**

Mailing Address  
**P O BOX 353696  
PALM COAST, FL 32135**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3210159</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SZYMANSKI, RONALD J  
84 COMANCHE CT.  
PALM COAST, FL 32137**

**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 date if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SZYMANSKI, SR. R
STREET ADDRESS	84 COMANCHE CT.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	S
NAME	DATT, NEERAJ
STREET ADDRESS	76-36 265TH STREET
CITY-ST-ZIP	NEW HYDE PARK, NY 11040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000487805  
04/14/06-80001-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Ronald J. Symanski Pres*  
SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.31.06 (386) 446-6984**

Date

Daytime Phone #