200[redacted]OR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000053344

1. Entity Name
LAKE ASBURY PLAZA, INC.

Principal Place of Business	Mailing Address
462 KINGSLEY AVE. SUITE 101 ORANGE PARK, FL 32073 US	POST OFFICE BOX 868 GREEN COVE SPRINGS, FL 32043 US

02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3297930
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR
462 KINGSLEY AVE., STE 101
ORANGE PARK, FL 32073

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

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	VPD
NAME	KERRY RIFKIN
STREET ADDRESS	3815 ELRIDGE AVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	PD
NAME	CHARLES L. COTTEN
STREET ADDRESS	4549 BASS PLACE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	STD
NAME	JOAN J. BAZLEY
STREET ADDRESS	POB 868
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	CHERYL M. DELLINGER
STREET ADDRESS	930 BIRDWOOD DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	OMAR E. DAJANI
STREET ADDRESS	3829 TIMUQANA ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	SOLON, ELLMAKER J
STREET ADDRESS	2538 RED FOX ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32073

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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: Charles L. Cotten 3/2/06 384-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #