

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000092667

1. Entity Name
SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.



Principal Place of Business
**6320 ST AUGUSTINE RD
SUITE 7
JACKSONVILLE, FL 32217 US**

Mailing Address
**6320 ST AUGUSTINE RD
SUITE 7
JACKSONVILLE, FL 32217 US**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1951673

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HENDERSON, GENEVA P
6320-7 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32217**

**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 reinstalling)

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 D
NAME PURSER, III, LAT W
STREET ADDRESS 4530 PARK ROAD, SUITE 300
CITY-ST-ZIP CHARLOTTE, NC 28209

TITLE D
NAME LFRENIERE, STEPHEN J
STREET ADDRESS 704 S HWY 179Z
CITY-ST-ZIP LONGWOOD, FL

TITLE D
NAME HENDERSON, GENEVA P
STREET ADDRESS 6320-7 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME VARALLO, FRANK J
STREET ADDRESS 5790 BRAINERD ROAD
CITY-ST-ZIP CHATTANOOGA, TN 37411

TITLE D
NAME HINNANT, CHARLES
STREET ADDRESS 9 OLD KINGS HWY S
CITY-ST-ZIP DARIEN, CT 06820

TITLE D
NAME MORRIS, PATRICIA D
STREET ADDRESS TALLAN BLDG. TWO UNION SQ.
CITY-ST-ZIP CHATTANOOGA, TN 37402

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02/22/06 80046 005 150.00

**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:

2/10/06