

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 17, 2006 8:00 am  
Secretary of State**

05-17-2006 90015 011 \*\*\*150.00

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1. Entity Name  
**JACKSONVILLE BEACH DOWNTOWN REDEVELOPMENT  
COMPANY**

Principal Place of Business  
**1 SLEIMAN PKWY  
STE 270  
JACKSONVILLE, FL 32216**

Mailing Address

**1 SLEIMAN PKWY  
STE 270  
JACKSONVILLE, FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03242006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3367416**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLEIMAN, PETER  
1 SLEIMAN PKWY STE.270  
JACKSONVILLE, FL 32216**

Name  
**Sleiman, Anthony T.**

Street Address (P.O. Box Number is Not Acceptable)

**1 Sleiman Parkway**

**Suite 270**

City

**Jacksonville**

**FL 32216**

Zip Code

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

**Anthony T. Sleiman**

**4-6-06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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

**D  
SLEIMAN, ANTHONY J  
1 SLEIMAN PARKWAY, STE 270  
JACKSONVILLE, FL 32216**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
SLEIMAN, PETER D  
1 SLEIMAN PKWY STE 270  
JACKSONVILLE, FL 32216**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
SLEIMAN, ELI T JR.  
1 SLEIMAN PKWY STE 270  
JACKSONVILLE, FL 32216**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
SLEIMAN, JOSEPH E  
1 SLEIMAN PKWY STE 270  
JACKSONVILLE, FL 32216**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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:

**Anthony T. Sleiman**

**4-6-06**

**(904) 731-8806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #