

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000023246

FILED
Apr 26, 2005
Secretary of State

Entity Name: PORT ROYAL PHASE II, INC.

Current Principal Place of Business:

601 SOUTH PALAFOX STREET
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 12725
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-3381240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, JOHN S
601 SOUTH PALAFOX STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARR, JOHN S
Address: 601 S PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: DST () Delete
Name: NICKELSEN, E J
Address: 3410 NORTH 18TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: CHADBOURNE, JR., EDWARD M
Address: 17 WEST CEDAR STREET, SUITE 3
City-St-Zip: PENSACOLA, FL 32502

Title: DVP () Delete
Name: JESMONTH, R
Address: 217-A E INTENDENCIA ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: GOLDSTEIN, GERALD
Address: 1146 CEYLON COURT
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: SWAINE, RONALD E
Address: 120 EAST MAIN STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: NICKELSEN, E J
Address: 17 WEST CEDAR STREET SUITE 3
City-St-Zip: PENSACOLA, FL 32502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: JESMONTH, R
Address: 200 SOUTH TARRAGONA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. CARR

DP

04/26/2005

Electronic Signature of Signing Officer or Director

Date