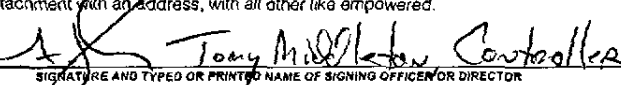


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000085610		
1. Entity Name AULD & WHITE PROPERTIES, INC.		
Principal Place of Business 4168 SOUTHPOINT PARKWAY SUITE 101 JACKSONVILLE, FL 32216	Mailing Address 4168 SOUTHPOINT PARKWAY SUITE 101 JACKSONVILLE, FL 32216	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HATHAWAY, RICHARD G 10151 DEERWOOD PARK BLVD. BLDG 100 SUITE 250 JACKSONVILLE, FL 32256		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 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 NAME STREET ADDRESS CITY - ST - ZIP	D AULD, STEVEN W 4168 SOUTHPOINT PARKWAY STE 101 JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, EDWARD W JR 4168 SOUTHPOINT PARKWAY STE 101 JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOBRANO, TOM S III 2110 HERSCHEL STREET JACKSONVILLE, FL 32204	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/14/06 Daytime Phone # 904-296-2533



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3408125** Applied For ☐ Not Applicable ☒

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

000000491548
04/19/06-80026-020 158.75

**DO NOT WRITE
IN THIS SPACE**