

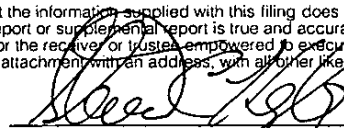


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90085 046 ***150.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P97000092637 1. Entity Name PLANTATION DIRECTORS, INC. | | | |  | |
| Principal Place of Business 208 LAUREL LANE PONTE VEDRA BEACH, FL 32082 | | | | Mailing Address 208 LAUREL LANE PONTE VEDRA BEACH, FL 32082 | |
| 2. Principal Place of Business 253 Oak Common Avenue Suite, Apt. #, etc. | | 3. Mailing Address 253 Oak Common Ave. Suite, Apt. #, etc. | |  | |
| City & State St. Augustine, FL Zip 32095 Country St. Johns | | City & State St. Augustine, FL Zip 32095 Country St. Johns | | 4. FEI Number 59-3474852 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KOEGLER, STEVEN C 9995 GATE PARKWAY SUITE 400 JACKSONVILLE, FL 32246 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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. <input type="checkbox"/> \$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 | P KOEGLER, STEVEN C 208 LAUREL LANE PONTE VEDRA BCH, FL 32082 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Steven C. Koegler, Pres 253 Oak Common Avenue St. Augustine, FL 32095 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Daniel B. Nunn, Jr. (VP/Asst Sect) 50 N. Laura St., Ste 3300 Jacksonville, FL 32202 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | | | President 1/31/06 (904) 996-8800 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |