

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000023606

1. Entity Name

FLAGSHIP PROPERTIES OF JACKSONVILLE, INC.



Principal Place of Business

4000 B ST. JOHNS AVE., SUITE 22
JACKSONVILLE, FL 32205

Mailing Address

4000 B ST. JOHNS AVE., SUITE 22
JACKSONVILLE, FL 32205



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3515352

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CRAVEY, JERRY R
4000 B ST. JOHNS AVE., SUITE 22
JACKSONVILLE, FL 32205

**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	PD
NAME	CRAVEY, JERRY R
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VSD
NAME	WEED, JOSEPH D JR.
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VTD
NAME	WALTON, WILLIAM H JR.
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	WEED, JOSEPH D III
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	WALTON, ALONZO D
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VD
NAME	LENTZ, ANN
STREET ADDRESS	4000 B ST. JOHNS AVE., SUITE 22
CITY-ST-ZIP	JACKSONVILLE, FL 32205

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05/17/06-80077-016 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

Daytime Phone #