

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000101726 1. Entity Name COBBLESTONE PROPERTIES OF NORTHEAST FLA., INC.					
Principal Place of Business 13015 LOBLOLLY LANE JACKSONVILLE, FL 32246 US			Mailing Address 13015 LOBLOLLY LANE JACKSONVILLE, FL 32246 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3566888	
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 SCHLATTER, RENEE W 13015 LOBLOLLY LANE JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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					
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLATTER, RENEE E		NAME		
STREET ADDRESS	13015 LOBLOLLY LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLATTER, ROBERT G		NAME		
STREET ADDRESS	13015 LOBLOLLY LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, STEPHANIE C		NAME		
STREET ADDRESS	104 FIELD CREST CT		STREET ADDRESS		
CITY-ST-ZIP	HENDERSONVILLE, FL 37075		CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVIN, JOHN J		NAME		
STREET ADDRESS	13015 LOBLOLLY LN S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 <i>Renee W. Schlatter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>01/24/06</i> Daytime Phone # <i>904-233-68</i>		