

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State
JAN 24 2006

DOCUMENT # P99000061225	
1. Entity Name MERIDIAN PARK OF JACKSONVILLE, INC.	

Principal Place of Business 3728 PHILLIPS HIGHWAY SUITE 39 JACKSONVILLE FL 32207	Mailing Address 3728 PHILLIPS HIGHWAY SUITE 39 JACKSONVILLE FL 32207
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 59-3588635	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, PHILIP B JR 3728 PHILIPS HWY # 39 JACKSONVILLE FL 32207

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
Make Check Payable to Florida Department of State

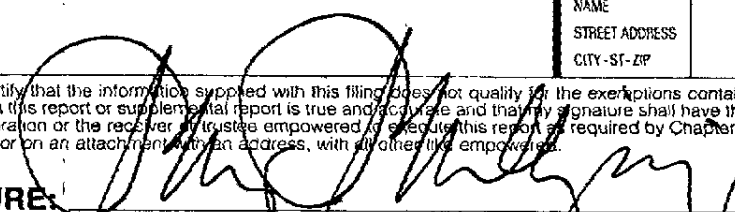
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PHILLIPS, PHILIP B JR 3728 PHILIPS HWY # 39 JACKSONVILLE FL 32207 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRAVO, CAROL 3728 PHILIPS HWY # 39 JACKSONVILLE FL 32207 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add ☐ Delete
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02/23/06-80025-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/31/06 (904) 396-9960