

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90050 013 ***158.75

DOCUMENT # P99000101580

1. Entity Name
START PACKIN' REALTY INC.



Principal Place of Business Mailing Address
622 11TH ST. N. **622 11TH ST. N.**
JACKSONVILLE BEACH, FL 32250-3572 **JACKSONVILLE BEACH, FL 32250-3572**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2018 Escambia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Fl

City & State

Zip

32084

Country

USA

Zip

Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3610084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPMAN, JOHN R
6505 A1A SOUTH
ST. AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name **Karen B. O'Neill**
Street Address (P.O. Box Number is Not Acceptable)
1009 21st Street North
City **Jacksonville Beach** **FL** Zip Code **32250**

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, hand or printed name of registered agent and LLC filer/owner.

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, JOHN R	
STREET ADDRESS	509 TURNBERRY LANE	
CITY- ST- ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, CINDY S	
STREET ADDRESS	509 TURNBERRY LANE	
CITY- ST- ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, WILLIAM A	
STREET ADDRESS	622 11 ST, NORTH	
CITY- ST- ZIP	JACKSONVILLE, FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Collins	
STREET ADDRESS	622 11th St. North	
CITY- ST- ZIP	Jacksonville Beach, Fl 32250	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda W. Collins	
STREET ADDRESS	622 11th Street N.	
CITY- ST- ZIP	Jacksonville Beach, Fl 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **William A. Collins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 **904-247-2865**
Date Daytime Phone #