2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000110145

1. Entity Name
FLORIDA BEACH PROPERTIES, INC.

Principal Place of Business	Mailing Address
404 THIRD AVE. NORTH JACKSONVILLE BEACH, FL 32250	404 THIRD AVE. NORTH JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

04252006 | No Chg-P | CR2E034 (11/05)

4. FEI Number	Applied For
59-3616232	Not Applicable

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

6. Name and Address of Current Registered Agent

C. GUY BOND, ESQUIRE
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

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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

U000000526977
05/04/06-80093-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUDSON, LEAH H
STREET ADDRESS	P.O. BOX 50219
CITY-ST-ZIP	JACKSONVILLE, FL 32240
TITLE	VP
NAME	HOLAWAY, COY W
STREET ADDRESS	509 RUTIUE DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Coy W. Holaway_ - Coy W. HOLAWAY VP 4-26-06 904/270-0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #