


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90165 027 \*\*\*150.00

**DOCUMENT # S46266**  
 1. Entity Name  
**ECRAIL OF FLORIDA, INC.**




Principal Place of Business Mailing Address  
**10615 NEW KINGS ROAD JACKSONVILLE FL 32219 US**  
**10615 NEW KINGS RD. JACKSONVILLE FL 32219 US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

57  
  
 1st MOORE *WLDNG #* CR2E034 (10/05)

4. FEI Number **59-3060891** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**HUNTER, LEWIS B JR**  
**4201 BAYMEADOWS ROAD**  
**SUITE 4**  
**JACKSONVILLE FL 32217**

**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 **\$5.00** May Be Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDT, HARTLEY	
STREET ADDRESS	2425 DOGWOOD LN	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HUNTER, LEWIS	
STREET ADDRESS	4201 BAYMEADOWS ROAD, SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAPPY, HENRY	
STREET ADDRESS	10615 NEW KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAPPY, MICHAEL M	
STREET ADDRESS	10615 NEW KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
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		<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		
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 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:** *Michael M. Happy* **MICHAEL M. HAPPY** **4-24-06** **904 765 6502**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #