## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF

TLLU CURL LARY OF STATE **DOCUMENT #233840** ISTON OF CORPORATION. POST, BUCKLEY, SCHUH & JERNIGAN, INC. 04 JAN 29 PM 3:00 Mailing Address Principal Place of Business 2001 N.W. 107 AVENUE 2001 N.W. 107 AVENUE MIAMI, FL 33172-2507 MIAMI, FL 33172-2507 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number City & State City & State 59-0896138 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHAFFER, BECKY S., ESQ. Street Address (P.O. Box Number is Not Acceptable) 2001 N.W. 107 AVENUE MIAMI, FL 33172 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May #5 POO28322235 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fige / 08 / 04 -- 01 026 -- 004 \*\* 158.75 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE ☐ Change TITLE SQUILLANTE, JUDITH A NAME NAME 2001 NW 107 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL ☐ Change Addition ☐ Delete TITLE TITLE GRUBEL, RICHARD M NAME NAME 738 NW 6TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-7IP Change **CCFO** Delete TITLE ☐ Addition CT TITLE WICKETT, RICHARD A NAME NAME 7605 NW 71ST TERR STREET ADDRESS STREET ADORESS CITY-ST-ZIP PARKLAND, FL CITY-ST-7IP **Change** Addition TITLE vcoo ☐ Delete TITLE DYCOO PAULSEN, ROBERT J NAME NAME 1529 NO. RIDGE LAKE CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP Delete DPCED **M**.Change ☐ Addition TITLE **PCEO** TITLE NAME ZUMWALT, JOHN B NAME STREET ADDRESS STREET ADDRESS 3085 EDGEMOOR DR CITY-ST-ZIP PALM HARBOR, FL CITY - ST-ZIP V CFO AS D **S**1Change ■ Addition ☐ Delete TITLE VAST TITLE DELOACH, W. SCOTT NAME NAME STREET ADDRESS 2001 N.W. 107 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

ING OFFICER OR DIRECTOR

1-27-04

303-514 -3458

Daytime Phone #

## 2004 FOR PROFIT CORPORATION

2004 FOR PROFI ANNUAL	T CORPORA' . REPORT	TION		af	fach	ed -	en	2063
DOCUMENT #233840  1. Entity Name POST, BUCKLEY, SCHUH & JERNIGAN, INC.					QL JAN 2	9 PH	TATE TATE 3: 00	
Principal Place of Business 2001 N.W. 107 AVENUE MIAMI, FL 33172-2507	Mailing Address 2001 N.W. 107 AVENU MIAMI, FL 33172-250			Addi	fiona	OTEK ESEN OLDI		
2. Principal Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			01262004	Chg-P	CR2E03	4 (10/03)	
City & State	City & State	City & State		4. FEI Number 59-0896	138		<del></del>	olied For Applicable
Zip Country	Zip	Country		5. Certificate of Status Desired			8.75 Addi ee Required	
6. Name and Address of Curren	t Registered Agent	Name	- 1 - "	7. Name and A	ddress of New R	egistered A	gent	
SCHAFFER, BECKY S., ESQ. 2001 N.W. 107 AVENUE MIAMI, FL 33172				O. Box Number	is Not Acceptable	e)		
The above named entity submits this statement to the obligations of registered agent.	for the purpose of changing its	City registered office	or registere	ed agent, or both	, in the State of Fk	FL orida. I am f	Zip Code	
SIGNATURE	nt and title if applicable. (NOT	E: Registered Agant sign	nature required	when reinstating)		DATE	· · · - · · · · · · · · · · · · · · · ·	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Con	tribution.		00 May Be ed to Fees		OSERS AND	DIRECTORS	
10. OFFICERS ANI	D DIRECTORS  Detete	11.	ND.		CHANGES TO OFF	ICERS AND	Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP	<i></i>	NAME STREET ADDRESS CITY-ST-ZIP	B15	hop, Ja , NW 1 ami FL	mes W. 07 Ave _ 33172			
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I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee enchanged, or on an attachment with an address.	nnowered to execute this repo	rt as required by (	stated in Se	ection 119.07(3)(i	), Florida Statutes	i further cer cath; that I ne appears i	tify that the in am an officer in Block 10 o	nformation or director r Block 11 if

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2004 FOOCUMENT:#	OR PROFIT ANNUAL 233840	CORPORE	RATIO	N		At N	Hace dific	y M ) na	lne	30
OST, BUCKLEY, S	CHUH & JERNIG	AN, INC.				Ma I	NAC.	Cl	15	
Principal Place of Business         Mailing Address           2001 N.W. 107 AVENUE         2001 N.W. 107 AVENUE           MIAMI, FL 33172-2507         MIAMI, FL 33172-250							niek skul čišt	1 <b>9</b> 18H B18H <b>B18</b> H		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262004	Chg-P	CR2E03	34 (10/03)	Bad Far	
City & State		City & State			4. FEI Number 59-08961	138		Not	olied For Applicable	
Zip	Country	Zìp	Coun	try		5. Certificate of			\$8.75 Addit Fee Required	
6. Name a	nd Address of Current R	egistered Agent		Name		7. Name and A	ddress of New R	egistered A	gent	
SCHAFFER, BECKY S., ESQ. 2001 N.W. 107 AVENUE MIAMI, FL 33172					lres\$ (I	P.O. Box Number i	is Not Acceptable	:)		
				City				FL	Zip Code	
The above named entity s     the obligations of register		the purpose of chan	ging its register	ed office or re	gister	ed agent, or both,	in the State of Flo	orida. I am f	amiliar with, a	ind accept
SIGNATURE	printed name of registered agent an			ed Agent signature				DATE		
FILE NOWIII F After May 1, 2004	FEE IS \$150.00 Fee will be \$550.0 OFFICERS AND D	DIRECTORS	Campaign Final Contribution.		Add	.00 May Be led to Fees ADDITIONS/CI	HANGES TO OFF	CERS AND		IN 11
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12. I hereby certify that the indicated on this report				omntion etate	od in Si	ection 119 07(3)(i)	. Florida Statutes.	. I further ce	rtify that the ir	iformation

No # 122840 Continued (A3)