


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 233840		
1. Entity Name POST, BUCKLEY, SCHUH & JERNIGAN, INC.		

Principal Place of Business 2001 N.W. 107 AVENUE MIAMI, FL 33172-2507	Mailing Address 2001 N.W. 107 AVENUE MIAMI, FL 33172-2507
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 OCT 11 PM 4:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



10062005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SCHAFFER, BECKY S., ESQ. 2001 N.W. 107 AVENUE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SQUILLANTE, JUDITH A 2001 NW 107 AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800060780932 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/19/05--01064--005 ***10.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GRUBEL, RICHARD M 738 NW 6TH ST BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNER, TODD J 2270 CORPORATE CIRCLE HENDERSON, NV 89074 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCO PAULSEN, ROBERT J 1529 NO. RIDGE LAKE CIR. LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ZUMWALT, JOHN B 3085 EDMOOR DR PALM HARBOR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO DELOACH, W SCOTT 2001 N.W. 107 AVE. MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHAFFER, BECKY S. 2001 NW 107th Ave MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: Richard M. Grubel 10/6/05 305 592-7275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #