2005 FOR PROFIT CORPORATION

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SIGNING OFFICER OR DIRECTOR

Feb 28, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # 284226** 02-28-2005 90221 028 ***150.00 FCUL SERVICE GROUP, INC. Principal Place of Business Mailing Address OUGTOOMO 3773 COMMONWEALTH BLVD. 3773 COMMONWEALTH BLVD. P O BOX 3108 P O BOX 3108 TALLAHASSEE, FL 32315-0108 TALLAHASSEE, FL 32315-0108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1086132 Not Applicable Zip Country, Zìp 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 HOOD, GUY M. Street Address (P.O. Box Number is Not Acceptable) 3773 COMMONWEALTH BLVD. TALLAHASSEE, FL 32303 Zip Code FL 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TD TITLE ☐ Delete TITLE ☐ Change Addition BRADDOCK, BILL NAME NAME STREET ADDRESS 9700 TOUCHTON RD STREET ADDRESS JACKSONVILLE, FL 32246 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOOD, GUY M. NAME NAME 3773 COMMONWEALTH BLVD. STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 00000, CITY-ST-ZIP CITY-ST-ZIP CO TITLE Delete TITLE **★** Change ☐ Addition CO BLOUNT, GREG NAME NAME Trudy Prince 5545 South Orange Ave STREET ADDRESS 8000 NW 7TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP <u>Orlando, Fl 32809</u> ☐ Delete Change TITI F TITLE ☐ Addition SD DOUGLASS, TAMARA NAME NAME Henry Prior 3087 N. ALAFAYA TRAIL STREET ADDRESS STREET ADDRESS 2020 NW 150th Ave ORLANDO, FL 32826 CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, FL 33028 ☐ Delete TITLE TITLE Change ☐ Addition OWEN, LYNN III NAME NAME 480 S KELLER RD. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32810 CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED