

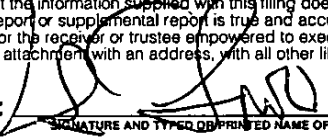


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600794 1. Entity Name CARLTON FIELDS, P.A.						FILED 05 MAR 29 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business CORPORATE CENTER THREE AT INTERNATIONAL PLAZA 4221 WEST BOY SCOUT BLVD TAMPA, FL 33607				Mailing Address PO BOX 3239 TAMPA, FL 33601-3239			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03102005 Chg-P CR2E034 (10/03)			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1233896			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SNOW, THOMAS A CORPORATE CENTER THREE AT INTERNATIONAL 4221 W. BOY SCOUT BOULEVARD, 10TH FLOOR TAMPA, FL 33607-5736				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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
500050509305 12/05--01007--003 **150.00							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNOW, THOMAS A ONE HARBOUR PLACE - 777 S. HARBOUR ISLAND TAMPA, FL 336025799 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D WALBOLT, SYLVIA H ONE PROGRESS PLAZA, STE 2300, 200 CENTRAL ST PETERSBURG, FL 337014352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEONARD, HYWEL ONE HARBOUR PLACE-777 S HARBOUR ISLAND TAMPA, FL 336025799 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT CIOTTI, ROBERT L 1 HARBOUR PLACE 777 S HARBOUR ISL TAMPA, FL 336025799 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT SCHWENKE, ROGER D. 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD DENMON, RICHARD A 1 HARBOUR PLACE 777 S HARBOUR ISL TAMPA, FL 336025799 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KINSOLVING, RUTH B 1 HARBOUR PLACE 777 S HARBOUR ISL TAMPA, FL 336025799 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4221 W. BOY SCOUT BLVD. 10TH FLOOR TAMPA, FL 33607-5736 <input checked="" type="checkbox"/> Change <input 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: 		Thomas A. Snow		3/28/05 (813) 223-7000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			