## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 09, 2005 08:00 AM **Secretary of State** DOCUMENT # G02695 1. Entity Name LAW, REDD, CRONA & MUNROE, P.A. Principal Place of Business Mailing Address % HARRY L. REDD % HARRY L. REDD 2727 APALACHEE PARKWAY 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301-3629 TALLAHASSEE, FL 32301-3629 02092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2221664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAW, RICHARD H DO NOT WRITE 2727 APALACHEE PARKWAY TALLAHASSEE, FL IN THIS SPACE 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) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LAW, RICHARD H NAME STREET ADDRESS 2727 APALACHEE PARKWAY CITY-ST-ZIP TALLAHASSEE, FL 32301 U00000256312 03/09/05-80005-016 150.00 TITLE NAME REDD, HARRY STREET ADDRESS 2727 APALACHEE PARKWAY CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME MUNROE, PETER G. STREET ADDRESS 2727 APALACHEE PARKWAY DO NOT WRITE CITY-ST-71P TALLAHASSEE, FL TITLE IN THIS SPACE NAME GANDY, BONNIE STREET ADDRESS 2727 APALACHEE PKWY CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

850 878 6189

Daytime Phone #

**FILED**