

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J04703

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: HUSK JENNINGS GALLOWAY + ROBINSON, INC.

**Current Principal Place of Business:**

6 EAST BAY STREET  
SUITE 600  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

6 EAST BAY STREET  
SUITE 100  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

6 EAST BAY STREET  
SUITE 600  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

6 EAST BAY STREET  
SUITE 100  
JACKSONVILLE, FL 32202 US

FEI Number: 59-2652818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
50 NORTH LAURA STREET  
SUITE 2750  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCST ( ) Delete  
Name: HUSK, GARY L.,  
Address: 6 EAST BAY STREET SUITE 600  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP ( ) Delete  
Name: HUSK, MELANIE J.,  
Address: 6 EAST BAY STREET SUITE 600  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. HUSK

DCST

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date