## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## - Apr 06, 2005 08:00 AM Secretary of State **DOCUMENT # P96000081164** 1. Entity Name LEFAVE ASSOCIATES, INC. Principal Place of Business Mailing Address 2724 HERSCHEL STREET 2724 HERSCHEL STREET JACKSONVILLE, FL 32205 US IACKSONVILLE, FL 32205 US No Cha-P CB2E034 (10/03) 04012005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3403823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SMITH, C. HOLT III DO NOT WRITE ONE INDEPENDENT DRIVE **SUITE 3301** IN THIS SPACE JACKSONVILLE, FL 32202 3. 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, typed or printed name of registered agent and title if applicable, (NOTE; Registered Agent signsture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Ð TITLE LEFAVE, JILL G NAME STREET ADDRESS 1427 BELVEDERE AVENUE U00000289199 04/06/05-80016-006 150.00 JACKSONVILLE, FL 32205 CITY-51-21P TITLE NAME LEFAVE, STEPHEN G STREET ADDRESS 1427 BELVEDERE AVENUE CITY-ST-ZIP JACKSONVILLE, FL 32205 DILE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(f). 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 relevier or trisice 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED