2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V10779  1. Entity Name						Apr 13, 2005 08:00 AM Secretary of State				
HARRIS, GUIDI, ROSNER, DUNLAP, RUDOLPH, CATLIN & BETHEA, P.A.							2001000	J		
Principal Place of Business Mailing Address					<del></del>	1				
1837 HENDRICKS AVENUE			% ROBERT M. HARRIS 1837 HENDRICKS AVENUE JACKSONVILLE FL 32207				Dir bilibika fibil 88311 lobih ibikik		DII DIDLE DERX	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.						CR2E034		
City & State		City & State				4. FEI Number 59-3103381   Applied For   Not Applicable				
Zip	Zíp Country		Zip Cour		itry	5. Certificate	of Status Desired		<b>\$8.75</b> <i>A</i> Fee Requ	Additional ired
6. Name and Address of Current Registered Agent			d Agent			7. Name and	d Address of New R	egistered A	gent	
1 7					Name			•		•
HARRIS, ROBERT M. 1837 HENDRICKS AVENUE JACKSONVILLE FL 32207					Street Address	P.O. Box Numb	per is Not Acceptable	e)		
					City		<del></del>		Zip C	ode
The above named entity submits this statement for the purpose of changing its register.						<del></del>		FL		
8. The above named entity state the obligations of registere		the purpo	ose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Fid	orida lami	amiliar wi	th, and accep
SIGNATURE Signature, typed or p	rinted name of registered agent a	na litle il appi	TOVÎ) eldesi	E Registere	d Agent signaturë rëquirë	d when reinstating)	<del>,</del>	DATE		<del>•==</del> .
	FEE IS \$150.00	····	·············			<del>;</del>		<del></del>	<del>-</del>	
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							Election Campa     Trust Fund Con	-		<b>5.00</b> May Bedded to Fees
10.	OFFICERS AND D	DIRECTO	RS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTO	DAS IN 11
INTLE D  NAME HARRIS, ROBERT M.  STREET ADDRESS 1837 HENDRICKS AVE  CITY-ST-ZIP JACKSONVILLE FL			□ Delele				U0900030 04/13 <b>/05-8</b> 0		© Chang 150 4	· —
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NAME ROSNER, ALAN E.				NΔN	-					
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CITY: ST-ZIP	Z	uli te cer	3		/-S1-ZIP		10 0-15 0		atto alba e e	
12. I hereby certify that the in indicated on this report o of the corporation or the changed, or on an attach	r supplemental report is eceiver of trustee emporment with an armonic of the control of trustee emporement with an address, we have the control of the contr	true and a wered to with an oth	abes not quality fo accurate and that i execute this report er like empowered	n the exe my signa : as requ  .	emption stated in Si iture shall have the ired by Chapter 60	ection 119.07(3 same legal effe 7, Florida Statul	All, Florida Statutes ect as if made under tes, and that my nam	i rurther cer oath; that I a e appears i	ury man th am an offic n Block 10	ne information cer or director 0 or Block 11:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

**FILED**