
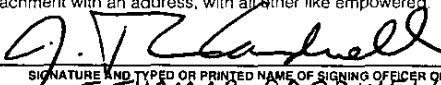


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90208 008 \*\*\*150.00

<b>DOCUMENT # V28263</b> 1. Entity Name <b>AKERMAN, SENTERFITT &amp; EIDSON, P.A.</b>					
Principal Place of Business <b>255 SOUTH ORANGE AVENUE 17TH FLOOR ORLANDO, FL 32801</b>			Mailing Address <b>255 SOUTH ORANGE AVENUE 17TH FLOOR ORLANDO, FL 32801</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NADEAU, ROBERT B JR. C/O AKERMAN, SENTERFIT 255 SOUTH ORANGE AVENUE, 17TH FLOOR ORLANDO, FL 32801				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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, PETER O		NAME		
STREET ADDRESS	500 LEMASTER DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32082		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULPEPPER, P. BRUCE		NAME		
STREET ADDRESS	1117 CARRIAGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELLEN, III R		NAME		
STREET ADDRESS	9003 CLASSIC CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	DPC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDWELL, J THOMAS		NAME		
STREET ADDRESS	1516 W IVANHOE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATCHELDER, DRAKE M		NAME		
STREET ADDRESS	9301 S ORCHARD RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAUGHNESSY, KEVIN W		NAME		
STREET ADDRESS	1052 BUCKWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		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)(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: 			Date: _____		
THOMAS CARDWELL			Daytime Phone #: 407-843-7860		

Attachment

24071394

#                       
V28263

Akerman, Senterfitt & Eidson, P.A.  
Attachment to 2004 Profit Corporation  
Annual Report  
BLOCK 10/11  
Additional Officers/Directors for 2004

DELETE      CHANGE      ADDITION

Title                      T/D  
Name:                     Nina K. Brown  
Street Address:        6342 SW 109th Street  
City-ST-Zip:            Miami, FL 33156

Title                      D  
Name:                     Teddy D. Klinghoffer  
Street Address:        2575 Mayfair Lane  
City-ST-Zip:            Weston, FL 33327

Title                      D  
Name:                     Stephen K. Roddenberry  
Street Address:        14140 SW 69th Avenue  
City-ST-Zip:            Miami, FL 33158

Title                      D  
Name:                     Andrew M. Smulian  
Street Address:        270 Marinero Court  
City-ST-Zip:            Coral Gables, FL 33143

Title                      V  
Name:                     Timothy J. McDermott  
Street Address:        4564 Ortega Boulevard  
City-ST-Zip:            Jacksonville, FL 32210

Title                      V  
Name:                     Robert A. Zinn  
Street Address:        6351 SW 134th Drive  
City-ST-Zip:            Miami, FL 33156

Title                      V  
Name:                     Joseph W.N. Rugg  
Street Address:        709 S. Packwood Avenue  
City-ST-Zip:            Tampa, FL 33606

Attachment

24071394  
# V28263

Akerman, Senterfitt & Eidson, P.A.  
Attachment to 2004 Profit Corporation  
Annual Report  
BLOCK 10/11  
Additional Officers/Directors for 2004

DELETE CHANGE ADDITION

Title D  
Name: Charles Ketchey, Jr  
Street Address: 902 Frankland Road  
City-ST-Zip: Tampa, FL 33629

Title V  
Name: Allan J Katz  
Street Address: 1715 Tarpon Drive  
City-ST-Zip: Tallahassee, F 32308

ADDITION

Title V  
Name: Gregory A Nelson  
Street Address: 1081 Gulfstream Way  
City-ST-Zip: Riviera Beach, FL 33404

ADDITION

Title S/D  
Name: Michael P McMahon  
Street Address: 1021 Wald Road  
City-ST-Zip: Orlando, FL 32806

ADDITION

Title V  
Name: Valerie Larcombe  
Street Address: 241 Summa Street  
City-ST-Zip: West Palm Beach, FL 33405

DELETE

Title D  
Name: Michael C Marsh  
Street Address: 1131 Cedar Falls Drive  
City-ST-Zip: West, FL 33327

DELETE