2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F04000004769

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 02, 2005 8:00 am Secretary of State

Principal Place of Business 224 PONTE VEDRA PARK DRIVE PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country To To To To To To To To To T
224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O1122005 Chg-P CR2E034 (10/03) City & State City & S
PONTE VEDRA BEACH, FL 32082 Ponte VEDRA BEACH, FL 32082 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired For Registered Agent 7. Name and Address of New Registered Agent Page BRUST, STEVEN E ATTY Son NORTH LAURA STREET, SUITE 2600 JACKSONVILLE, FL 32202-P JACKSONVILLE, FL 32202-P Street Address (PQ Box Number is Not Acceptable) City August 1 August 2 Address (PQ Box Number is Not Acceptable) City August 1 August 2 Address (PQ Box Number is Not Acceptable) Signalus, types or printed name of registered agent. SIGNATURE Signalus, types of printed name of registered agent in title 1 applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Addition Addition III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Title Page 1 Addition III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Title Page 1 Addition Change Addition Change Addition III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Suite, Apt. #, etc. Suite, Apt. #, etc. O1122005 Chg-P CR2E034 (10/03) City & State City & State City & State Country Zip Country Zip Country Signature and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUST, STEVEN E ATTY 50 NORTH LAURA STREET, SUITE 2600 JACKSONVILLE, FL 32202-P Signature, typed or printed name of registered agent and the in applicable. City & State City & State 4. FEI Number 87-0715743 Septificate of Status Desired Status Desired Agent Name Head Address (P.Q. Box Number is Not Acceptable) Status Haddress FL Zig Code Status Desired City ALLAHASSEL FL Zig Code North Heaten City ALLAHASSEL FL Zig Code North Heaten City Allahasen City Al
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City & State City & State City & State City & State 4. FEI Number 87-0715743 Applied For Not Applicable See Required See Required See Required To Name and Address of Status Desired See Required See Required To Name and Address of New Registered Agent Registered Agent Name
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BRUST, STEVEN E ATTY 50 NORTH LAURA STREET, SUITE 2600 JACKSONVILLE, FL 32202-P 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 Signature, typed or pirried name of registered agent and tide if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE P. Delete Address of New Registered Agent Trust Fund Contribution. 7. Name and Address of New Registered Agent Trust Fund Contribution. 9. Election Campaign Financing St. 00 May Be Added to Fees
BRUST, STEVEN E ATTY 50 NORTH LAURA STREET, SUITE 2600 JACKSONVILLE, FL 32202-P City ALAHA5542 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, hypod or pirited name of registered agent and table it applicable. (NOTE: Registered Agent sufficiency of Stating) PLEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE P. Delate Medition
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information cumplied with this filling does not qualify for the examption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information
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.