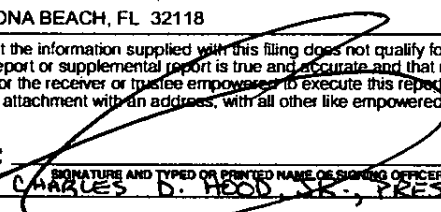


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90044 003 ***150.00

DOCUMENT # K19469 1. Entity Name SMITH, HOOD, PERKINS, LOUCKS, STOUT, BIGMAN, LANE & BROCK, P.A.					
Principal Place of Business C/O WILLIAM E LOUCKS 444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118 US			Mailing Address C/O WILLIAM E LOUCKS P O BOX 15200 DAYTONA BEACH, FL 32115 US		
2. Principal Place of Business C/O JEFFREY E. BIGMAN Suite, Apt. #, etc. 444 SEABREEZE BLVD., SUITE 900 City & State DAYTONA BEACH, FLORIDA Zip 32118 Country U.S.A.		3. Mailing Address C/O JEFFREY E. BIGMAN Suite, Apt. #, etc. P.O. BOX 15200 City & State DAYTONA BEACH, FLORIDA Zip 32115 Country U.S.A.		03252005 Chg-P CR2E034 (10/03) 4. FEI Number 59-2880513 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BIGMAN, JEFFREY E 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118	
7. Name and Address of New Registered Agent 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. NO CHANGE TO REGISTERED AGENT	
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BIGMAN, JEFFREY E 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV K. JUDITH LANE 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERKINS, TERENCE R 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STOUT, LARRY R 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BROCK, JEFFREY P 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, HORACE JR. 444 SEABREEZE BLVD STE 900 DAYTONA BCH., FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES D. HOOD, SR., PRESIDENT			Date 3-28-05 Daytime Phone # 386-254-6875		