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	Mailing Address
C/O WILLIAM E LOUCKS 444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118 US	C/O WILLIAM E LOUCKS P O BOX 15200 DAYTONA BEACH, FL 32115 US

J00032350

03252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
C/O JEFFREY E. BIGMAN	C/O JEFFREY E. BIGMAN
Suite, Apt. #, etc.: 444 SEABREEZE BLVD., SUITE 900	Suite, Apt. #, etc.: P.O. BOX 15200
City & State: DAYTONA BEACH, FLORIDA	City & State: DAYTONA BEACH, FLORIDA
Zip: 32118 Country: U.S.A.	Zip: 32115 Country: U.S.A.

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	7. Name and Address of New Registered Agent
BIGMAN, JEFFREY E 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: _____ 3.28.05 386.254.6875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES D. HOOD, JR., PRESIDENT