


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90053 021 ***150.00

DOCUMENT # P01000090533	
1. Entity Name INCEPTURE, INC.	

Principal Place of Business 532 RIVERSIDE AVE. JACKSONVILLE, FL	Mailing Address 532 RIVERSIDE AVE. JACKSONVILLE, FL
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3720231	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCGOWAN, MARK S 4800 DEERWOOD CAMPUS PKWY. JACKSONVILLE, FL 32246-8273	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOERR, R CHRIS 4800 DEERWOOD CAMPUS PKWY 100-8 JACKSONVILLE, FL 322468773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEMAN, DONALD M 8381 DIX ELLIS TRAIL STE 105 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, CHARLES S 4800 DEERWOOD CAMPUS PKWY 100-7 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, DEANNA 4800 DEERWOOD CAMPUS PKWY 100-6 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, BARRY 4800 DEERWOOD CAMPUS PKWY 600-3 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGOWAN, MARK S 4800 DEERWOOD CAMPUS PKWY 100-7 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mark S McGowan **3/2/05 904-905-6570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40043629

P01000090533

Incepture, Inc.
Officers and Directors (Continued)
2005

Officers and Directors		Add/Chgs To Officers and Directors	
Title Name Street Address City-St-Zip	T Jonathan Hogan 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	P/CEO Curtis W. Lord 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	Chair & CEO xx Chg <input type="checkbox"/> Add Curtis W. Lord 532 Riverside Ave., 20T Jacksonville, FL 32202
Title Name Street Address City-St-Zip	V Robert J. Wright 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	V xx Chg <input type="checkbox"/> Add Robert J. Wright 8381 Dix Ellis Trail Jacksonville, FL 32256
Title Name Street Address City-St-Zip	V Diana Haramboure 532 Riverside Ave 30-H Jacksonville, FL 32202	Title Name Street Address City-St-Zip	P xx Chg <input type="checkbox"/> Add Diana Haramboure 8381 Dix Ellis Trail Jacksonville, FL 32256
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add