

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90022 032 ***150.00

40000048



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0201970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAYLOR, BRUCE A
173 NW HILLSBORO ST
LAKE CITY, FL 32055

**DO NOT WRITE
IN THIS SPACE**

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 _____
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C COLLINS, MICHAEL ROUTE 8 BOX 875 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C SUMMERS, GORDON P 101 LAKE VISTA LN LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NAYLOR, BRUCE A 377 NW FOREST MEADOWS AVENUE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ROBIN C 2250 INGLEWOOD DR LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, R L 1126 S CHURCH ST LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCAFF, LESTER 2200 EAST DUVAL STREET LAKE CITY, FL 32055

**DO NOT WRITE
IN THIS SPACE**

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: *Bruce A. Naylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05
Date

386 752-5646
Daytime Phone #