2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 14, 2005 08:00 AM **DOCUMENT # 148556 Secretary of State** 1. Entity Name ABERNATHY-SHORTRIDGE, INC. Principal Place of Business Mailing Address 1001 PARK STREET 1001 PARK STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 03072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0553210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHORTRIDGE, LOUIS E JR. DO NOT WRITE 1001 PARK STREET JACKSONVILLE, FL 32204 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. Signature, typed or printed name of registered agent and little 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHORTRIDGE, LOUIS E JR. NAME STREET ADDRESS 1001 PARK STREET CITY-ST-ZIP JACKSONVILLE, FL 32204 U00000263089 03/14/05-80080-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 cath; 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 attachyeint with an address, with all place live empowered.

SIGNING OFFICER OR DIRECTOR

FILED