


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 257338	
1. Entity Name RALPH J. MACAULEY INC.	

Principal Place of Business 2700-C UNIVERSITY BLVD. W. P O BOX 10181 JACKSONVILLE, FL 32241	Mailing Address 2700-C UNIVERSITY BLVD. W. P O BOX 10181 JACKSONVILLE, FL 32241
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DO NOT WRITE IN THIS SPACE

06062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0973364	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 MACAULEY, EILEEN C 2700-C UNIVERSITY BLVD. W. JACKSONVILLE, FL 32241
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**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 _____
Signature, typed or printed name of registered agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MACAULEY, EILEEN C
STREET ADDRESS	906 WATERMAN RD S
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	LUKAS, DONNA S
STREET ADDRESS	2300 COUNTY ROAD 13A N
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369588
06/16/05-80001-018 150.00

**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)(f), 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 empowerments.

SIGNATURE:  **6-11-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #