## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 12, 2005 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
1. Entity Nam	MENT # 277447  ALTY, INC. OF JACKSONVILI	_E			Sec	cretary	oi State	
341 E FORS		Mailing Address 339 E FORSYTH ST JACKSONVILLE, FL 32202				I BUSIL KITU SITU KITU	1164 <b>(11</b> 171) II (116	
E	OO NOT WRITE I	N THIS SPA	CE	02012005		CR2E034 (1		
			<del></del>	59-103  5. Certificate	of Status Desired	☐ <b>\$8.7</b> Fee F	Not Applicable  75 Additional Required	
3416 FOR JACKSON	6. Name and Address of Current Reg , BAKER W SYTH ST VILLE, FL 32202		ed office or register	IN T	NOT W	PACE	ar with, and accept	
the obligat	ions of registered agent.  Signature, typed or printed name of registered agent and to	 	ed Agent signature required	<u></u>	т	DATE		
FIL After M	E NOW!!! FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.	~ ~~	.00 May Be ed to Fees	1000000 02/12/05-	1226134 .20003-004	2 150 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PSTD MADISON, BAKER W 341 E FORSYTH ST JACKSONVILLE, FL	ECTORS	- <u>-</u> .	-				
TITLE NAME STREET ADDRESS CITY ST-21P	V MADISON, BAKER W 341 E FORSYTH ST JACKSONVILLE, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		······································		IN '	THIS SF	PACE		
NAME STREET ADDRESS CITY-ST, 71P		-	_					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.9.05 (904) 355-4549