2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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Suite, Apt. #, etc. Suite, Apt. #, etc. O1102005 Chg-P CR2E034 (10/03) City & State City & State City & State 4. FEI Number 59-1407640 Not. Zip Country Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name	Applicable
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additing Fee Required 6: Name and Address of Current Registered Agent Name	Applicable
5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name Name	onal
Name	
FRICK, DENNIS D ESQ	
155 EAST 21ST STREET JACKSONVILLE, FL 32206 Street Address (P.O. Box Number is Not Acceptable)	
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, an	nd accept
the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE DP □ Delete □ TITLE □ Change	N 11
TITLE DP Delete TITLE Change NAME BAKER, THOMPSON S NAME STREET ADDRESS 155 E. 21ST STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 CITY-ST-ZIP	☐ Addition
TITLE VP Delete TITLE VP SAUDER, GARY STREET ADDRESS 155 E. 21ST STREET GITY-SI-ZIP JACKSONVILLE, FL 32206 Delete TITLE VP Sauer, Gary STREET ADDRESS 155 E. 21ST STreet GITY-SI-ZIP JACKSONVILLE, FL 32206	Addition
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THE DS Delete THE Change NAME FRICK, DENNIS D NAME STREET ADDRESS 155 E. 21ST STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	☐ Addition
TITLE DAS Delete TITLE Change NAME PATZKE, WALLACE A JR. NAME NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 CITY-ST-ZIP CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 Develop Certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Florida Statutes further certify that the information stated in Section 119 07(3)(i) Flori	Addition

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. Torther 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.