

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90063 037 \*\*\*150.00

40050999



03252005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1283625**

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

RUSHING, ROBERT K ESQ  
1515 RIVERSIDE AVENUE, STE A  
JACKSONVILLE, FL 32204

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**  
**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	VD	Delete
NAME	HOLLAND, FRED C.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, SALVADOR	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JEFFREY D	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	STD	<input type="checkbox"/> Delete
NAME	O'LAUGHLIN, SABINE	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDLER, E. DAYAN	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUNDORE, PAUL A	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #