

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90076 004 ***150.00

DOCUMENT # 602890 1. Entity Name DUGGAN, JOINER & COMPANY, P.A., CERTIFIED PUBLIC ACCOUNTANTS					
Principal Place of Business 334 NW 3RD AVENUE OCALA, FL 34475			Mailing Address 334 NW 3RD AVENUE OCALA, FL 34475		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1349759	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRKENMEYER, WAYNE 334 N.W. 3RD AVE. OCALA, FL 34475			7. Name and Address of New Registered Agent Name Frank E. Stafford, Jr. Street Address (P.O. Box Number is Not Acceptable) 334 N.W. 3rd Ave. City Ocala FL Zip Code 34475		
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 <u><i>Frank E. Stafford, Jr.</i></u> Frank E. Stafford, Jr. Pres. <u><i>2-18-05</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRKENMEYER, WAYNE 334 N. W. 3RD AVE. OCALA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAFFORD, FRANK E. 334 N.W. 3RD AVE. OCALA FL.,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frank E. Stafford, Jr. 334 N.W. 3rd Ave. Ocala, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURMAN, EDWARD 334 N.W. 3RD AVE OCALA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Edward J. Furman 334 N.W. 3rd Ave. Ocala, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIELS, HARRY 334 N.W. 3RD AVE. OCALA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer O.H. Daniels, Jr. 334 N.W. 3rd Ave. Ocala, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary R. Phillip Bledsoe 334 N.W. 3rd Ave. Ocala, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Frank E. Stafford, Jr.</i></u> Frank E. Stafford, Jr. Pres. <u><i>2-18-05</i></u> <u><i>732-0171</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					