## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

NORMAN P. FREEDMAN, P.A.  Whiling Address Sex N. NORMAN ST. JACKSONVILLE FL. 32002 Sex N. NORMAN ST. JACKSONVILLE FL. 32002 Sex N. NORMAN ST. JACKSONVILLE FL. 32002  Prompted Prace of Business Suite. April *, etc.  Sex N. NORMAN ST. JACKSONVILLE FL. 32002  April *, etc.  Sex N. NORMAN ST. JACKSONVILLE FL. 32002  Country  Sex N. NORMAN ST. JACKSONVILLE FL. 32002  April *, etc.  Sex N. NORMAN ST. JACKSONVILLE FL. 32002  Compare of Sex N. NORMAN ST. JACKSONVILLE FL. 32002  April *, etc.  Sex N. NORMAN ST. JACKSONVILLE FL. 32002  Compare of Sex N. NORMAN ST. JACKSONVILLE FL. 32002  April *, etc.  Sex N. NORMAN ST. JACKSONVILLE FL. 32002  Compare of Sex N. NORMAN S	DOCU  1. Entity Nan	MENT # 604	510 🗸	**		<b>14</b> 30	<u> </u>	Jan 31,			
### SEEN N. NEWNAN ST. JACKSONVILLE FL 32022  2. Principal Place of Business  Suita, Api V. etc.  Suita, A	,	-	P.A.		'			Seci	retary o	ગ કા	ate
2. Principal Place of Business   3. Mailing Address   Sulfa, Act 4, etc.   Sulfa, Act 4, etc.   1st MOORE   CR25034 (1004)  City & Sulfa   City & City & Sulfa   City & Sulfa   City & Sulfa   City & City & Sulfa   City & City	Principal Plac	e of Business		Mailing Address			-				
Sulfo, Apt 4, etc.    Sulfo, Apt 4, etc.   Sulfo, Apt 4, etc.	525 N. NEW JACKSONV	/NAN ST. ILLE FL 32202	•								
City & State  Ci	2. Principal Place of Business			3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired   St. Additional	Suite, Apt #, etc.						1:	st MOORE	CR2E034 (10	/04)	
S. Name and Address of Current Registered Agent  FREEDMAN, NORMAN P \$25 N. NEWNAN ST  JACKSONVILLE FL 32202  City  FL  City  FL  Zip Code  A. The above named entity submits this statement for the purpose of cleanging its registered office or registered agent, or both, in the State of Fiorita. I am familiar with, and accept the editional or registered agent, or both, in the State of Fiorita. I am familiar with, and accept the editional or registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Chreek Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGESTO OFFICERS  11.  ADDITIONS/CHAN	City & State						4. FEI Numi	59-1464504	4	ļ	
FREEDMAN, NORMAN P SZ6 N, NEWNAN ST. JACKSONVILLE FL 32202  8. The above named contribusion 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  FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Gheck Payable to Florida Department of State  10.	Zip				Coun	itry			Fee	Required	
Signer Address (P.O. Box Number is Not Acceptable)  Signer Address (P.		6. Name and Addre	ess of Current Rec	egistered Agent		Name	7. Name an	d Address of New R	legistered Agen	t	<del></del>
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE	525 N. NEWNAN ST.					Street Address	(P.O. Box Numi	per is Not Acceptable	e)	<u>.</u>	•
SIGNATURE    SIGNATURE						,			Γ⊫↓		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$50.00 Make Check Payable to Florida Department of State  10.	8. The above the obligat	named entity submits the tions of registered agent.	is statement for the	e purpose of changing i	ts registere	ed affice or regist	tered agent, or b	oth, in the State of Flo	orida. I am famili	ar with, a	nd accept
After May 1, 2005 Fee Will Be \$55.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  III.E ST	SIGNATURE	Signature, typed or printed name	of registered agent and I	TVC applicable (NC	TE Registere	d Agent signature requir	rod when reinstaling)		DATE		<del></del> _
THE NAME PITTMAN, NATALIE P STEPT ADDRESS CITY-ST-7P Delete NAME STREET ADDRESS CITY-ST-7P DELETE NAME STREE	After	May 1, 2005 Fee Wil	l Be \$550.00	ate							
NAME PITTMAN, NATALIE P RAME SIRET ADDRESS 525 N. NEWNAN ST. STREET ADDRESS CITY-ST-7P C	10.		FFICERS AND DIF	<del></del>	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIR	ECTORS	IN 11
NAME STREET ADDRESS CITY-ST-ZIP  TILE INLE INLE INLE INLE INLE INLE INLE I	NAME STREET ADDRESS	PITTMAN, NATALIE 525 N. NEWNAN ST.		☐ Delete	NAM STRE	E FT ADDRESS		01/31/05-8i	_	-	
INTE NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition Addition MAME STREET ADDRESS CITY-ST-ZIP  TO Change ADDRESS CITY-ST-ZIP  TO CHANGE ADDRESS	NAME STREET ADDRESS	FREEDMAN, NORMA 525 N. NEWNAN ST.		☐ Delete	NAMI SARE	E ET ADDRESS				Change	☐ Addition
NAME SIRET ADDRESS CITY-ST-7IP  TITLE TITLE TO Delete TITLE NAME SIRET ADDRESS CITY-ST-7IP TO Delete TITLE TO Delete TO Delete TITLE TO Delete TO Delet	name Street address		<u> </u>	☐ Delete	NAMI STRE	E Et address		<del></del>	ם	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  HILE 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 freceiver 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, this alfother, like empowered.	name Street address			□ Delete	NAMI STRE	E ET ADDRESS		,		Change	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.	NAME STREET ADDRESS			□ Delete	NAMI STRE	E ET AUDRESS				Change	Addition
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with altother, like empowered.  If ye contain	NAME STREET ADDRESS CITY-ST-ZIP				NAMI STRE CITY	ET ADDRESS -ST-ZIP					
	changed	or on an attachment with	n supplied with this mental report is tru or trustee empower transduress with	s filing does not qualify for and accurate and that red to execute this report all other, like empowere the comman	or the exer my signat rt as requir d.	mption stated in S ture shall have the red by Chapter 60	07, Florida Statut	es, and that my hame	e appears in Blo	CK 10 or E	Block 11 If

**FILED** 

January 26, 2005 (904) 354-8448