2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 08:00 AM

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DOCUMENT # 604677 1. Entity Name WOOD, ATTER & ASSOCIATES, P.A.				Secretary of State
Principal Place of Business Mailing Address				
333 E. MONROE STREET 3		333 E. MONROE STREET JACKSONVILLE, FL 3220		
Principal Place of Business 3.		3. Mailing Address		
2. Thiopar tase of dames				1 (190)(39 BI)(1 BAN)(1 BIB)(1 BILLI INBIL JAM) BIB)(1 BIB
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282005 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 59-1502666 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Name				
WOOD, CLARENCE M 333 E MONROE STREET JACKSONVILLE, FL 32202			Street Addres	s (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 of applicable (INOTE Registered Agent signature required when reinstaining) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgn Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	U00000293794 Change Addition
NAME.	WOOD, C M	*	NAME	04/08/05-80043-018 150.00
STREET ADDRESS	333 E MONROE STREET	••	STREET ADDRESS	04/08/03-00040 010 100.00
CITY-ST-ZIP	JACKSONVILLE, FL		CITY+ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ATTER, MICHAEL		NAME	
STREET ADDRESS	333 E MONROE ST	:	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	····	CITY-ST-7IP	
ITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	,	<u> </u>	CITY+ST-ZIP	
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STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME PERCET ADDRESS			NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY+ST+ZIP	
Į.	agetifut hat the information purplied and	this files does not qualify for t	<u> </u>	Section 119 07(3)(i) Florida Statutes, Efurther certify that the information
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. 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 exemption of the exe				

of the corporation or the receiver or truste changed, or on an attachment with an ad receiver or trustee empowered to execute this report as required innent with an address, with all other like approvered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

904-355-8888