

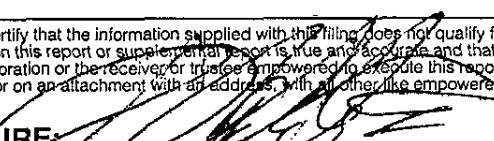


FILED
Apr 06, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # 654823 1. Entity Name J.W. CHALKLEY, III, P.A.</div><div style="text-align: center;"></div></div>		Secretary of State	
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 1130 SE 17TH STREET OCALA, FL 34471</div><div>Mailing Address 1130 SE 17TH STREET OCALA, FL 34471</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;">01042005No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 59-2866115</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CHALKLEY, J.W., III 1130 SW 17TH STREET OCALA, FL 32671		DO NOT WRITE IN THIS SPACE	
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.			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div>	
10. OFFICERS AND DIRECTORS		<div style="text-align: right; font-family: monospace;">UD0000288932 04/06/05-80007-011 150.00</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
TITLE	PD		
NAME	CHALKLEY, J.W., III		
STREET ADDRESS	1130 SE 17TH STREET		
CITY- ST- ZIP	OCALA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"><div>J.W. Chalkley, III</div><div>4/5/05</div><div>(352) 629-7511</div></div> <div style="display: flex; justify-content: space-between;"><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>	