

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686853

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** TAB OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

7529 SALISBURY ROAD  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551467  
JACKSONVILLE, FL 322551467 US

**New Mailing Address:**

**FEI Number:** 59-2209268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASBURY, LLOYD T  
214 N CLAY ST  
SUITE 100  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: BOBECK, CLIFFORD JOH, N  
Address: P.O. BOX 551467  
City-St-Zip: JACKSONVILLE, FL 322551467

Title: PD ( ) Delete  
Name: BOBECK, CANDICE E,  
Address: P.O. BOX 551467  
City-St-Zip: JACKSONVILLE, FL 322551467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** NELLY J. DUNHAM

BKPR

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date