2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# 833461

Entity Name: CANNON FLORIDA, INC.

Current Principal Place of Business:

ONE INDEPENDANT DRIVE
SUITE 302
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

207 NORTH LAURA STREET
SUITE 300
JACKSONVILLE, FL 32202 US

Current Mailing Address:

2170 WHITEHAVEN RD.
ATTN: ACCOUNTING
GRAND ISLAND, NY 14072 US

New Mailing Address:

FEI Number: 43-0188830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D ( ) Delete
Name: CANNON, JOHN D
Address: 2170 WHITEHAVEN RD.
City-St-Zip: GRAND ISLAND, NY 14072

Title: D ( ) Delete
Name: CALVARESE, JOSEPH L
Address: ONE INDEPENDENT DR., STE 302
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD ( ) Delete
Name: CARLSON, RICHARD E
Address: ONE CITY CENTRE
City-St-Zip: ST LOUIS, MI

Title: VP ( ) Delete
Name: MILLER, GARY R
Address: 2170 WHITEHAVEN ROAD
City-St-Zip: GRAND ISLAND, NE

Title: SC ( ) Delete
Name: ALLAN M PINCHOFF,
Address: 2170 WHITEHAVEN ROAD
City-St-Zip: GRAND ISLAND, NE

Title: P ( ) Delete
Name: MENDELL, MARK R
Address: 2170 WHITEHAVEN RD.
City-St-Zip: GRAND ISLAND, NY 14072

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALLAN M PINCHOFF SC 05/04/2005

Electronic Signature of Signing Officer or Director — Date