

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 006 ***150.00

20055435



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1967827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRYAN, J. STEWART III
STREET ADDRESS	333 EAST FRANKLIN STREET
CITY - ST - ZIP	RICHMOND, VA 23219
TITLE	S
NAME	MAHONEY, GEORGE L
STREET ADDRESS	333 EAST FRANKLIN STREET
CITY - ST - ZIP	RICHMOND, VA 23219
TITLE	TD
NAME	MORTON, MARSHALL N
STREET ADDRESS	333 EAST FRANKLIN STREET
CITY - ST - ZIP	RICHMOND, VA 23219
TITLE	D
NAME	WOODLIEF, H. GRAHAM
STREET ADDRESS	333 EAST FRANKLIN STREET
CITY - ST - ZIP	RICHMOND, VA 23219
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 (804) 649-6699

Date Daytime Phone #