2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # F01000000802 1. Entity Name 02-02-2005 90078 050 ***150.00 PAULY JAIL BUILDING COMPANY, INC. Principal Place of Business Mailing Address 4000 EAST 96TH STREET, STE 170 INDIANAPOLIS IN 46240 4000 EAST 96TH STREET STE 170 INDIANAPOLIS IN 46240 20007051 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 43-1381588 Not Applicable -Country--Zip ----Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POHRER, ROBERT J 2521 52ND STREET SOUTH SOUTH PASADENA FL 33707 tatement for the purpose of changing its registered office or registered agent, 8. The above named entity submits this the State of Florida. I am familiar with, and accept egistered ager SIGNA nt and title if applicable (NOTE: Registered Agent signature required when reinstating) F(LE NØW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 TITLE TITLE vpof Finance Change Addition Delete POHRER, ROBERT J NAME NAME idy G Pohre STREET ADDRESS 2521 52ND STREET SOUTH STREET ADDRESS SAINT PETERSBURG FL 33707 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Robert J. Pohre POHRER III, JOSEPH P NAME NAME 11737 WINDPOINTE PASS STREET ADDRESS STREET ADDRESS 1232 sungermann Koul CARMEL IN 46033 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition JONES, BELINDA F NAME NAME STREET ADDRESS 8227 N. MT. VERNON WAY STREET AUDRESS CITY+ST-7IP CITY-ST-7IP FORTVILLE IN TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AE OF SIGNING OFFICER OR DIRECTOR

FILED