



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90259 033 ***150.00

DOCUMENT # F01000001994 1. Entity Name FLORIDA N.P. ASSOCIATES, INC.					
Principal Place of Business 400 PERIMETER CENTER TERRACE, SUITE 650 ATLANTA, GA 30346			Mailing Address 400 PERIMETER CENTER TERRACE, SUITE 650 ATLANTA, GA 30346		
2. Principal Place of Business 303 Perimeter Center North Suite, Apt. #, etc. Suite 500 City & State Atlanta, GA Zip 30346 Country USA		3. Mailing Address 303 Perimeter Center North Suite, Apt. #, etc. Suite 500 City & State Atlanta, GA Zip 30346 Country USA		14009762 	
4282005 Chg-P CR2E034 (10/03)				4. FEI Number 58-2612406 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME WILSON, DAVID R STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650 CITY-ST-ZIP ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete		TITLE President, CEO & Director NAME Patrick Duplantis STREET ADDRESS 303 Perimeter Center North, Suite 500 CITY-ST-ZIP Atlanta, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VT NAME GRAZZINI, BRIAN M STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650 CITY-ST-ZIP ATLANTA, GA 30346	<input type="checkbox"/> Delete		TITLE CFO NAME Brian M. Grazzini STREET ADDRESS 303 Perimeter Center North, Suite 500 CITY-ST-ZIP Atlanta, GA 30346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GIBSON, REGINALD S JR STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650 CITY-ST-ZIP ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME COSBY, TRACEY C STREET ADDRESS 400 PERIMETER CENTER TERR. #650 CITY-ST-ZIP ATLANTA, GA 30346	<input type="checkbox"/> Delete		TITLE Secretary NAME Tracey C. Cosby STREET ADDRESS 303 Perimeter Center North, Suite 500 CITY-ST-ZIP Atlanta, GA 30346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Tracey C. Cosby</u> <u>Tracey C. Cosby - Secretary 4/28/05 (770) 730-1103</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>					