

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002639

FILED
Mar 25, 2005
Secretary of State

Entity Name: COLECTRIC PARTNERS, INC.

Current Principal Place of Business:

76 S LAURA ST
SUITE 1500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

76 S LAURA ST
SUITE 1500
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3715917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINSTEIN, IRVIN M ESQ
ROGERS TOWERS BAILEY JONES & GAY
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE, FL 32207 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ECKENBACH, JON P
Address: 21 W CHURCH ST 16TH FL
City-St-Zip: JACKSONVILLE, FL 322023139

Title: D/P () Delete
Name: JACKSON, STEVE
Address: 1470 RIVEREDGE PARKWAY NW
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: MEACHAM, JOHN
Address: 1414 15TH STREET
City-St-Zip: COLUMBUS, NE 68602

Title: D () Delete
Name: MCCALL, BILL JR
Address: 1 RIVERWOOD DR
City-St-Zip: MONCKS CORNER, SC 29461

Title: T () Delete
Name: LUCAS, JOHN B
Address: 76 S LAURA ST SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: FEHRMAN, WILLIAM J
Address: 1414 15TH STREET
City-St-Zip: COLUMBUS, NE 68601

Title: P (X) Change () Addition
Name: WARREN, CLAY
Address: 76 S LAURA ST SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: JOHNSTON, ROBERT P
Address: 1470 RIVEREDGE PARKWAY, NW
City-St-Zip: ATLANTA, GA 30328

Title: D (X) Change () Addition
Name: CARTER, LONNIE
Address: 1 RIVERWOOD DR
City-St-Zip: MONCKS CORNER, SC 29461

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

Title: D () Change (X) Addition
Name: DICKENSON, JIM
Address: 21 WEST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. LUCAS

T

03/25/2005

Electronic Signature of Signing Officer or Director

Date