


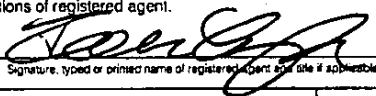
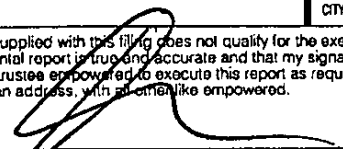
2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED
07-05-2005 90225 032 ***158.75
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F03000003859					
1. Entity Name H.J.C. FLORIDIAN CORP.					
Principal Place of Business 2345 SAND LAKE ROAD, SUITE 100 ORLANDO, FL 32809			Mailing Address 2345 SAND LAKE ROAD, SUITE 100 ORLANDO, FL 32809		
2. Principal Place of Business 8680 Commodity Circle			3. Mailing Address 8680 Commodity Circle		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, Florida			City & State Orlando, Florida		
Zip 32819		Country Orange		4. FEI Number 36-4283024	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITTINGTON, STANLEY R 2431 SAND LAKE ROAD, #100 ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name Korshak and Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 8680 Commodity Circle, Suite 101 City Orlando FL 32819		
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:  DATE: 6/29/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ERFUTH, CARY J 8828 CYPRESS RESERVE CIRCLE ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ERFUTH, CARY J 8911 CHARLES E. LIMPUS ROAD ORLANDO, FL 32836	<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
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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)(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 an other like empowered.					
SIGNATURE: 			6/29/05 407-859-8900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		