
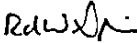


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90031 047 \*\*\*150.00

<b>DOCUMENT # F22480</b> 1. Entity Name TAYLOR, DAY & CURRIE, P.A.					
Principal Place of Business 50 NORTH LAURA STREET SUITE 3500 JACKSONVILLE, FL 32202 US			Mailing Address 50 NORTH LAURA STREET SUITE 3500 JACKSONVILLE, FL 32202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03182005    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2070298	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRIMM, REED W 50 NORTH LAURA STREET, SUITE 3500 JACKSONVILLE, FL 32202				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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			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 NAME STREET ADDRESS CITY-ST-ZIP	DAT ROEBUCK, RAYMOND L DAT <input checked="" type="checkbox"/> Delete 50 N LAURA STREET, SUITE 3500 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bonnie J. Murdoch 50 North Laura Street, Suite 3500 Jacksonville, Florida 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, JOHN C DV <input type="checkbox"/> Delete 50 NORTH LAURA STREET, SUITE 3500 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAY, STEPHEN E DP <input type="checkbox"/> Delete 50 NORTH LAURA STREET, SUITE 3500 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stephen E. Day 50 North Laura Street, Suite 3500 Jacksonville, Florida 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CURRIE, BRIAN E DT <input type="checkbox"/> Delete 50 NORTH LAURA STREET, SUITE 3500 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brian E. Currie 50 North Laura Street, Suite 3500 Jacksonville, Florida 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOYD, CHRISTOPHER P DS <input type="checkbox"/> Delete 50 N LAURA ST, STE 3500 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Christopher P. Boyd 50 North Laura Street, Suite 3500 Jacksonville, Florida 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS GRIMM, REED W DAS <input type="checkbox"/> Delete 50 N. LAURA STREET, SUITE 3500 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Reed W. Grimm 50 North Laura Street, Suite 3500 Jacksonville, Florida 32202	
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: 			Reed W. Grimm		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    3/31/05    Daytime Phone #		