2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F22480

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

1. Entity Name TAYLOR, DAY & CURRIE, P.A.						04-08-2005 90031	1 047 ***150).00		
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				EIEII SIDII BIDI: BIEII B	ITIITTI REIGE		
2. Principal P	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03182005 Chg-P CF	R2E034 (10/03))		
City & State			City & State		4. FEI Number 59-2070298	<u> </u>	Applied For lot Applicable			
Zip Country		Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registr	tered Agent			
CDIMM D	EED W				Name					
GRIMM, REED W 50 NORTH LAURA STREET, SUITE 3500 JACKSONVILLE, FL 32202					Street Address (P.O. Box Number is Not Acceptable)					
					City		FL Zip Co	de		
8. The above	named entity	v submits this statement fo	the purpose of changing its	d office or regist	ered agent, or both, in the State of Florida.		and accept			
	tions of regist							,		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
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10.	ay 1, 200:	5 Fee will be \$550.0 OFFICERS AND					S AND DIRECTOR	RS IN 11		
	DAT			tribution.	— Ac	dded to Fees	S AND DIRECTOR			
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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:	Rawspi	Reed W. Grimm	3/31/05	
	SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #