2005 FOR PROFIT CORPORATION

ANNUAL REPORT ---FILED DOCUMENT # F43812 * * * * Feb 03, 2005 08:00 AM 1. Entity Name **Secretary of State** THACKER & SMITHERMAN, P.A. Principal Place of Business Mailing Address 407 S. EWING AVE 407 S EWING AVE CLEARWATER, FL 33756 CLEARWATER, FL 33756 01272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2117792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THACKER, O STEPHEN DO NOT WRITE 407 SOUTH EWING AVENUE IN THIS SPACE CLEARWATER, FL 34616 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE THACKER, O STEPHEN 000000212121 NAME 02/03/05-80018-013 150.00 407 S EWING AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

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 its empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-7IP

en on Director

<u>VI/28/05</u>