

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68614

FILED
May 23, 2005
Secretary of State

Entity Name: PAPPAS METCALF JENKS & MILLER, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

245 RIVERSIDE AVE
STE 400
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE
STE 400
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2160992 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAPPAS, M. LYNN
245 RIVERSIDE AVENUE
SUITE 400
JACKSONVILLE, FL 322024327 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENHUT, STEVEN B
Address: 245 RIVERSIDE AVE, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: DS () Delete
Name: JENKS, THOMAS M.,
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: TJOFLAT, MARCIA PARKER
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVT () Delete
Name: MILLER, FRANK E
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: DV () Delete
Name: PAPPAS, M LYNN
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: LEAPLEY, ROBERT A JR.
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

SIGNATURE: M. LYNN PAPPAS

VP

05/23/2005

Electronic Signature of Signing Officer or Director

Date