2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-25-2005 90032 023 ***150.00 **DOCUMENT # F88852** 1. Entity Name BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A. 40039228 Principal Place of Business Mailing Address C/O M. THOMAS BOND, JR. C/O M. THOMAS BOND, JR. 4200 SE 44TH AVE 101 SW 4200 SE 44TH AVE 101 SW 3rd ST. OCALA, FL 34480- 3-2671-2074 OCALA, FL 34480 3267/-2. Principal Place of Business Mailing Address 101 SW ₽0. Box Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State Ocala Ocala 59-2200471 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOND, M. THOMAS JR. Street Address (P.O. Box Number is Not Acceptable) 101 SW 3RD ST. OCALA, FL 32670 City 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, typed or printed name of registered agent and little 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE BOND, MITHOMAS JR NAME NAME 4861 SE 17th St. 4200 SE 44TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34480 Delete TITLE Change ☐ Addition TITLE NAME PHELAN, WILLIAM H JR NAME 1320 SE 39M CT 4200 SE 44TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 CITY-ST-ZIP · ~- 🖸 Delete Addition TITLE ARNETT, JOHN W NAME NAME NW 55th Ave Rd 4200 SE 44TH AVE STREET ADDRESS STREET ADDRESS OCALA, FL 34480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Defete TITLE SMITH, CHARLES M NAME NAME STREET ADDRESS STREET ADDRESS 2121 SE 11TH ST CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE Ann Melinda Craggs NAME CRAGGS, ANA MELINDA NAME STREET ADDRESS STREET ADDRESS 110 N.W. 1ST AVENUE City-St-ZIP CITY-ST-ZIP OCALA, FL 34475 Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 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.

M. Thomas

SIGNATURE:

FILED Mar 25, 2005 8:00 am

Secretary of State