


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003720 1. Entity Name FLORIDA ARCHWAY, INC.	
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Principal Place of Business 400 N. ASHLEY DR SUITE 1900 TAMPA, FL 33602	Mailing Address 400 N. ASHLEY DR SUITE 1900 TAMPA, FL 33602
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04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3456277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VON HORN, BRENT N 100 NO TAMPA STE 3100 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORN, ROBERT G 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST TIDWELL, STEVEN A 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCA PRICE, JAMES D 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCS SHAFFER, STEPHEN M 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGA VON HORN, BRENT 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(f), 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:  **4/4/05 813/225-4650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Brent N. Von Horn, SVR