

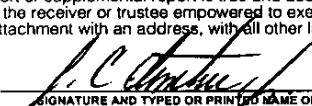


2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|--|--|---|--|
| DOCUMENT # G41530 1. Entity Name DEMETREE BROTHERS, INC. | |  | |
| Principal Place of Business P.O. BOX 47050 JACKSONVILLE, FL 32247-7050 | | Mailing Address P.O. BOX 47050 JACKSONVILLE, FL 32247-7050 | |
| DO NOT WRITE IN THIS SPACE | | | |
| | |  | |
| | | 02212006 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 59-2308751 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEMETREE, JACK C., JR. 3740 BEACH BLVD. SUITE 300 JACKSONVILLE, FL 32207 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD DEMETREE, MARK C 3740 BEACH BLVD #300 JACKSONVILLE, FL | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD DEMETREE, J. C., JR. 3740 BEACH BLVD #300 JACKSONVILLE, FL | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD DEMETREE, JACK C. 3740 BEACH BLVD. #300 JACKSONVILLE, FL | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD DEMETREE, CHRISTOPHER C. 3740 BEACH BLVD #300 JACKSONVILLE, FL | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V DUNN, M. HARRIS 3740 BEACH BLVD #300 JACKSONVILLE, FL | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | Date 4/25/06 Daytime Phone # | |