## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 15, 2005 08:00 AM

| 1. Entity Name  | MENT # G75295<br>J. BRITTON, P.A.                          |  |                               | Se   | cretary of State   |
|---|--|--|-------------------------------|--|--|
| Principal Place<br>151 CENTER<br>VENICE, FL 3   | RD   | Mailing Address 151 CENTER RD VENICE, FL 34292 | ******                        |  |  |
| D   | O NOT WRITE I  | ng marana yawang ng g                          | CE                            | 01052005 No Chg-P  4. FEI Number 59-2358354  5. Certificate of Status Desired  | CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required  |
| BRITTON, ANDREW J<br>151 CENTER ROAD<br>VENICE, FL 34292  |  |  | DO NOT WRITE<br>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. (am familiar with, and accept the obligations of registered agent.  SIGNATURE  Andrew J. Britton  4/12/05   |  |  |                               |  |  |
| SIGNATURE   |  |  |                               |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  |  |  |                               | .00 May Be   1   100   1 | 00308527<br>05-80001-005 150.00  |
| TITLE   | OFFICERS AND DIRE  | CTORS  |                               | the state of the s | The state of the s |
| NAME<br>STREET ADDRESS<br>City-ST-ZIP   | BRITTON,ANDREW J<br>430 PALMETTO CRES<br>NOKOMIS, FL 34275 |  |                               | · · · · · · · · · · · · · · · · · · ·  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                               | DO NOT W   | /RITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                               | IN THIS SI   | PACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                               |  | -  |
| NTLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                               | data.  | · · · · · · · · · · · · · · · · · · ·  |
| 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, Ftorida 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: Andrew J. Britton 4/11/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Caytime Phone #  |  |  |                               |  |  |