2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2005 08:00 AM **Secretary of State** DOCUMENT # G84281 CHARLES W. DODSON, P.A. Mailing Address Principal Place of Business 215 DELTA CT 215 DELTA CT TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 No Chg-P CR2E034 (10/03) 04122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2368422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DODSON, CHARLES W. DO NOT WRITE 215 DELTA COURT TALLAHASSEE, FL 32303 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 whon reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DODSON, CHARLES W. NAME 215 DELTA CT STREET ADDRESS -Unnana3021**7**6 04/13/05-80061-006 150.00 CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 ox 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARCES

850-386-1003

FILED