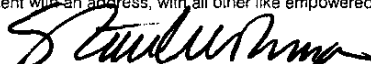


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90317 032 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                     |                                                                                                                     |                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # G94042</b><br>1. Entity Name<br><b>SCRUGGS &amp; CARMICHAEL, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            |                     |                                                                                                                     |                                                                                                    |  |
| Principal Place of Business<br><b>ONE SOUTHEAST FIRST AVENUE<br/>GAINESVILLE, FL 32601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                     | Mailing Address<br><b>ONE SOUTHEAST FIRST AVENUE<br/>GAINESVILLE, FL 32601</b>                                      |                                                                                                                                                                                     |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            | 3. Mailing Address  |                                                                                                                     |                                                                                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            | City & State        |                                                                                                                     |                                                                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | Zip                 |                                                                                                                     | Country                                                                                                                                                                             |  |
| 4. FEI Number <b>59-2391595</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                     |                                                                                                                     |                                                                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                     |                                                                                                                     |                                                                                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                     |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                         |  |
| <b>CUSHMAN ESQ, STAN<br/>ONE SOUTHEAST FIRST AVENUE<br/>GAINESVILLE, FL 32601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                     |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                                                                                               |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                     |                                                                                                                     |                                                                                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br><b>CUSHMAN, STAN</b><br><b>ONE SOUTHEAST FIRST AVE</b><br><b>GAINESVILLE, FL</b> <input type="checkbox"/> Delete     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br><b>Larche, James G., Jr.</b><br><b>One Southeast First Avenue</b><br><b>Gainesville, FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>DELANEY, PHILIP A.</b><br><b>ONE SOUTHEAST FIRST AVE</b><br><b>GAINESVILLE, FL</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br><b>Roscow John F. III</b><br><b>One Southeast First Avenue</b><br><b>Gainesville, FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DS<br><b>AUSTIN, MITZI C.</b><br><b>ONE SOUTHEAST FIRST AVE</b><br><b>GAINESVILLE, FL</b> <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br><b>Saier, Frank P.</b><br><b>One Southeast First Avenue</b><br><b>Gainesville, FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                            |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br><b>Littell, Charles W.</b><br><b>One Southeast First Avenue</b><br><b>Gainesville, FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                            |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br><b>Stinson John G.</b><br><b>One Southeast First Avenue</b><br><b>Gainesville, FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                            |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br><b>Specie, Karen K.</b><br><b>One Southeast First Avenue</b><br><b>Gainesville, FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| 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. |                                                                                                                            |                     |                                                                                                                     |                                                                                                                                                                                     |  |
| <b>SIGNATURE:</b>  <b>Stan Cushman</b> <b>Pres. President</b> <b>4/16/04</b> <b>352-376-5242</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |                     |                                                                                                                     |                                                                                                                                                                                     |  |

94056569



03242004 Chg-P CR2E034 (10/03)

Attachment  
DH 394042

TITLE: D ADDITION  
NAME: DALY, KEVIN  
STREET ADDRESS: ONE SOUTHEAST FIRST AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE: D ADDITION  
NAME: IVEY, RAYMOND M.  
STREET ADDRESS: ONE SOUTHEAST FIRST AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 32601

~~TITLE: D ADDITION~~  
~~NAME: COKER, MARY DAY~~  
~~STREET ADDRESS: ONE SOUTHEAST FIRST AVENUE~~  
~~CITY-ST-ZIP GAINESVILLE, FL 32601~~

TITLE: D ADDITION  
NAME: DOLLINGER, JEFFREY D.  
STREET ADDRESS: ONE SOUTHEAST FIRST AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE: D ADDITION  
NAME: BRASWELL, JEFFERSON M.  
STREET ADDRESS: ONE SOUTHEAST FIRST AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 32601

~~TITLE: D ADDITION~~  
~~NAME: JURECKO, KEVIN~~  
~~STREET ADDRESS: ONE SOUTHEAST FIRST AVENUE~~  
~~CITY-ST-ZIP GAINESVILLE, FL 32601~~