


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90032 006 ***150.00

DOCUMENT # H58642 1. Entity Name HUMPHRIES & OBERDIER, P.A.	
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Principal Place of Business 9550 REGENCY SQUARE BLVD. SUITE 609 JACKSONVILLE, FL 32225-8170 US	Mailing Address 9550 REGENCY SQUARE BLVD. SUITE 609 JACKSONVILLE, FL 32225-8170 US
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2. Principal Place of Business 6620 Southpoint Drive, South Suite, Apt. #, etc. Suite 200 City & State Jacksonville, FL Zip 32216-0940 Country USA	3. Mailing Address 6620 Southpoint Drive, South Suite, Apt. #, etc. Suite 200 City & State Jacksonville, FL Zip 32216-0940 Country USA
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01262005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2537700	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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6. Name and Address of Current Registered Agent HUMPHRIES, HOMER H. 9550 REGENCY SQUARE BLVD. SUITE 609 JACKSONVILLE, FL 32225
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6620 Southpoint Drive, South Suite 200 City Jacksonville FL Zip Code 32216

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: <u>Homer H. Humphries</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 1/31/05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHRIES, HOMER H., JR. 9550 REGENCY SQUARE BLVD, SUITE 609 JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD OBERDIER, RONALD R. 9550 REGENCY SQUARE BLVD, SUITE 609 JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OBERDIER, KARAL B 9550 REGENCY SQUARE BLVD ST 609 JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 6620 Southpoint Drive, South, Suite 200 Jacksonville, FL 32216-0940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 6620 Southpoint Drive, South, Suite 200 Jacksonville, FL 32216-0940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD 6620 Southpoint Drive, South, Suite 200 Jacksonville, FL 32216-0940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.

SIGNATURE: <u>Karl B. Oberdier VP Res 1/30/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/30/05	Daytime Phone # 904-721-4161
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