2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90154 030 ***150.00

DOCUMENT # H92613

1. Entity Name
PROJECT 1378, INC.

40052736

04052005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
% J. LOFTON WESTMORELAND 220 W GARDEN ST 9TH FLOOR PENSACOLA, FL 32501	% J. LOFTON WESTMORELAND 220 W GARDEN ST 9TH FLOOR PENSACOLA, FL 32501

2. Principal Place of Business	3. Mailing Address
% F.E. Booker	% F.E. Booker
Suite, Apt. #, etc.: 106 West Loretta st	Suite, Apt. #, etc.: 106 West Loretta st
City & State: Pensacola, fl	City & State: Pensacola, fl
Zip: 32505 Country: Escambia	Zip: 32505 Country: Escambia

4. FEI Number: 59-2640639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESTMORELAND, J. LOFTON
220 WEST GARDEN STREET
NINTH FLOOR
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name: F.E. Booker
Street Address (P.O. Box Number is Not Acceptable): 106 West Loretta St
City: Pensacola FL Zip Code: 32505

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOOKER, F.E. 106 W LORETTA ST PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONOVAN, FRED C. 16 W. ZARRAGOSSA STREET PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCRARY, DOUGLAS L. 500 BAYFRONT PKWY PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTMORELAND, J. LOFTON 220 W GARDEN ST PENSACOLA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 6 AUG 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #