


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90006 001 ***150.00

DOCUMENT # J31955
 1. Entity Name
 PRIVETT & ASSOC. OF FLORIDA, INC.



Principal Place of Business: 2732 TOWNSEND BLVD. JACKSONVILLE, FL 32211
 Mailing Address: 2732 TOWNSEND BLVD. JACKSONVILLE, FL 32211

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Zip Country: Country



03252005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2720079 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: PRIVETT, PARK D., JR. 11449 LAUREL GREENWAY NORTH JACKSONVILLE, FL 32225
 7. Name and Address of New Registered Agent: *Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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: *Park D. Privett, Jr.* DATE: 3-25-05
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: DPT NAME: PRIVETT, PARK D., JR. STREET ADDRESS: 11449 LAUREL GREEN WAY NORTH CITY-ST-ZIP: JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SV NAME: MILLER, BRIAN STREET ADDRESS: 11449 LAUREL GREENWAY NORTH CITY-ST-ZIP: JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE: SV NAME: Jaymee Calderala STREET ADDRESS: 14561 Chestnut Ct. CITY-ST-ZIP: Jacksonville, Fl. 32258	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: JAMES, JOHN M. STREET ADDRESS: 4805 WILD HERON WAY CITY-ST-ZIP: JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 2185 Longly Green Court CITY-ST-ZIP: Jacksonville, Fl. 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LEE, CHARLES R STREET ADDRESS: 2166 ROCKDOVE LANE CITY-ST-ZIP: FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Park D. Privett, Jr. President* DATE: 3-25-05 (904) 743-7658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #