


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J54078**

1. Entity Name  
**NUCKOLLS, JOHNSON & BELCHER, P.A.**



Principal Place of Business      Mailing Address

**1375 JACKSON ST  
303  
FORT MYERS, FL 33901    US**

**P O BOX 2199  
FORT MYERS, FL 33902    US**



04112005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2774120**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, KARL L.  
1375 JACKSON ST  
STE. 303  
FORT MYERS, FL 33901**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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

TITLE	PD
NAME	JOHNSON, KARL L.
STREET ADDRESS	1375 JACKSON ST
CITY - ST - ZIP	FORT MYERS, FL
TITLE	TD
NAME	NUCKOLLS, HUGH PAUL
STREET ADDRESS	1375 JACKSON ST
CITY - ST - ZIP	FORT MYERS, FL
TITLE	SD
NAME	BELCHER, W. GUS II
STREET ADDRESS	1375 JACKSON ST
CITY - ST - ZIP	FORT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/13/05-80073-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Karl L. Johnson*      **President**      **4/11/05**      **239/334-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #