2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 25, 2005 08:00 AM DOCUMENT # J75564 1. Entity Name **Secretary of State** DAVISSON F. DUNLAP, JR., P.A. Principal Place of Business Mailing Address 2057 DELTA WAY 2057 DELTA WAY TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #. etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1990363 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNLAP, DAVISSON F JR. Street Address (P.O. Box Number is Not Acceptable) 2057 DELTA WAY TALLAHASSEE FL 32303 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE HHE Change ☐ Delete ☐ Addition U00000195484 DUNLAP, DAVISSON F JR. NAME 01/26/05-80030-007 150.00 STREET ADDRESS 2057 DELTA WAY DIRECT ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CHY-SI-ZIP THILE Delete ☐ Change ☐ Addition DUNLAP, DAVISSON F JR. NAME NAME STREET ADDRESS 2057 DELTA WAY STREET ADDRESS TALAHASSEE FL 32303 CITY-ST-ZIP CHY-SI-ZIP TITLE Delete Tritte ☐ Change Addition NAME NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI- DE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7/P TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY- \$1-21P CitY-SI-ZIP HILE THEF ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP Cify-SI-ZIP 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

SIGNATURE:

changed, or on an attachment with

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

850-385-5000

FILED