

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87648

Entity Name: JAY GARRARD, P.A.

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

% JAY GARRARD
6828 ST. AUGUSTINE RD
JACKSONVILLE, FL 32217

New Principal Place of Business:

6828 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32217 US

Current Mailing Address:

% JAY GARRARD
6828 ST. AUGUSTINE RD
JACKSONVILLE, FL 32217

New Mailing Address:

6828 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32217 US

FEI Number: 59-2907350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRARD, JAY
6828 ST. AUGUSTINE RD
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

GARRARD, JAY
6828 ST. AUGUSTINE RD
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: JAY GARRARD

03/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARRARD, JAY,
Address: 6828 ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL

Title: VPD () Delete
Name: GARRARD, TRACEY
Address: 6828 ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARRARD, JAY
Address: 6828 ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: VPD (X) Change () Addition
Name: GARRARD, TRACEY
Address: 6828 ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY GARRARD

VPD

03/17/2005

Electronic Signature of Signing Officer or Director

Date