2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # L32191 03-15-2005 90023 041 ***150.00 1. Entity Name BOURLON & VAUGHAN, P.A. Principal Place of Business Mailing Address 40036410 701 ENTERPRISE ROAD E 701 ENTERPRISE ROAD E STE 401 STE 401 SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 DO NOT WRITE IN THIS SPACE 01052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0151619 Not Applicable 5. Certificate of Status Desired Name and Address of Current Registered Agent BOURLON, ELIZABETH G. DO NOT WRITE 35 ESTUARY TRAIL 214 18th Ave NE CLEARWATER, FL 33761 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE BOURLON, ELIZABETH G NAMÉ STREET ADDRESS 95 ESTUARY TRAIL CITY-ST-ZIP GLEARWATER, FL-38761 TITLE VAUGHAN, JOHN J NAME STREET ADDRESS 401 ENTERPRISE RD E STE 401 SAFETY HARBOR, FL 34695 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

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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:	Esizature ly Bours	3/11/05	
	SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytima Phone #