## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 23, 2005 8:00 am Secretary of State 02-23-2005 90053 042 \*\*\*150.00

1. Entity Name	ENT # L43055 s mutual, inc.					02-23-2005 9	0053 04	2 ***15	0.00
Principal Place of 1 1000 RIVERSIDE 4TH FLOOR JACKSONVILLE, F	AVENUÉ	Mailing Address 225 WATER STREET SUITE 1400 JACKSONVILLE, FL 322	02 l	JS					
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FEI Number 59-29896	676			pplied For ot Applicable	
Zip	Country	Žip	Coun	try	5. Certificate of	Status Desired		<b>\$8.75</b> Ad Fee Require	
6	. Name and Address of Current Re	gistered Agent			7. Name and A	ddress of New Re	gistered A	gent	
DIVITA, III, CH	HARLES	<del></del>		Name					
1000 RIVERSIDE AVENUE 4TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVIL	LE, FL 32204						,		
				City			FL	Zip Cod	ie
	ned entity submits this statement for the of registered agent.	e purpose of changing its	registere	ed office or regis	tered agent, or both,	in the State of Flor	ida. Fam f	amiliar with	, and accept
SIGNATURESigna	ature, typed or printed name of registered agent and	แซล d applicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)		DATE		<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
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10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND		
TITLE CO	00		11. DTU	VP Spa	ADDITIONS/CI		CERS AND	DIRECTOR  Change	RS IN 11
TITLE CO		RECTORS	11.	SP SP A TOO TO	ADDITIONS/CI	arkway	CERS AND		
TITLE CC NAME SC STREET ADDRESS 10	OO CARBOROUGH, LAURA	RECTORS	11. TITU	Spa ET ADDRESS -ST-ZIP Stu	ADDITIONS/CI ano, Mark Central P art, FL 34	arkway 1994	CERS AND		Addition
TITLE CCC NAME SCIENT ADDRESS CITY-ST-ZIP JA TITLE DS	DO CARBOROUGH, LAURA 100 RIVERSIDE AVE., 5TH FL ICKSONVILLE, FL 32204	RECTORS	11. TITLE NAM STRE	E SPA	ADDITIONS/CI ano, Mark Central P art, FL 34	arkway 1994	CERS AND		
TITLE CCC NAME SCC STREET ADDRESS 10 CITY-ST-ZIP JA TITLE DS NAME CCC	DO CARBOROUGH, LAURA 100 RIVERSIDE AVE., 5TH FL ICKSONVILLE, FL 32204 S DWN, ROBERTA GOES	Delete	11. TITLE NAM STRE CITY TITLE	E SPA E TADDRESS STU	ADDITIONS/CI ano, Mark Central F mart, FL 34 apel, Willi O Riversid	arkway 1994 Lam le Avenue,	, Suit	☐ Change	Addition
TITLE CCO NAME SCO STREET ADDRESS 100 CITY-ST-ZIP JA TITLE DS NAME CCO STREET ADDRESS 22	DO CARBOROUGH, LAURA 100 RIVERSIDE AVE., 5TH FL ICKSONVILLE, FL 32204	Delete	11. TITUI NAM STRE CITY TITUI NAM STRE	E STADDRESS STU	ADDITIONS/CI ano, Mark Central P aart, FL 34 apel, Willi	arkway 1994 Lam le Avenue,	, Suit	☐ Change	Addition
TITLE CCC NAME SCC STREET ADDRESS 10 CITY-ST-ZIP JA TITLE DS STREET ADDRESS 22 CITY-ST-ZIP JA TITLE VF	COCOCARBOROUGH, LAURA  100 RIVERSIDE AVE., 5TH FL  100 RIV	Delete	11. TITLE NAM STREE CITY TITLE NAM STREE CITY	ET ADDRESS STURE HAIN E STADDRESS STURE HAIN STADDRESS STURE STADDRESS STADD	ADDITIONS/CI	arkway 1994 am le Avenue, FL 32204	, Suit	☐ Change	Addition
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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:

/22/05 (904) 354-2482 Daytime Phone Ext. 3287