



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M69953 1. Entity Name MCFARLAIN & CASSEDY, P.A.						05 MAY -2 PM 12:38 RELEASED BY FLORIDA	
Principal Place of Business 305 S GASDEN STREET TALLAHASSEE, FL 32301				Mailing Address 305 S GASDEN STREET P.O. BOX 2174 TALLAHASSEE, FL 32316-2174			
2. Principal Place of Business		3. Mailing Address				04202005 Chg-P CR2E034 (10/03) 05	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 59-2872417		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JONES, DOUGLAS 305 S. GADSDEN ST. TALLAHASSEE, FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARDENBOROUGH, HAROLD R JR			NAME	300054666413		
STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 600			STREET ADDRESS	05/17/05--01024--002 **150.00		
CITY - ST - ZIP	TALLAHASSEE, FL			CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADIGAN, TERRELL C			NAME			
STREET ADDRESS	215 SO MONROE ST 600			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32301			CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, JR H DARRELL			NAME			
STREET ADDRESS	215 SOUTH MONROE ST #600			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL			CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, DOUGLAS P.			NAME			
STREET ADDRESS	215 S. MONROE ST. #600			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL			CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - 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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>h. Daniel R. L.</i>				5-1-05 850-222-2107 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							