



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 08:00 AM
Secretary of State

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|--|---|---|---|--|--|
| DOCUMENT # M87893 1. Entity Name V.L. MCINTYRE AND ASSOCIATES, INC. | | | |  | |
| Principal Place of Business 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312 | | | Mailing Address 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312 | | |
| 2. Principal Place of Business Suite, Apt. #, etc | | 3. Mailing Address Suite Apt. #, etc | |  | |
| City & State | | City & State | | 05102005 Chg-P CR2E034 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-3014393 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MCINTYRE, VERA L. 720 FAIRBANKS FERRY ROAD TALLAHASSEE, FL 32311 | | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MCINTYRE, VERA L. 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP HAYES, SHARICA D 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T HAYES, KHALILAH Y 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HAYES, ANDREA P 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HACKLEY, BERNICE 5536 FAIRBANKS ROAD HAVANA, FL 32333 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Vera L. McIntyre</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: <i>5/30/05</i> Daytime Phone: <i>(823-8671)</i> | | |