

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 19, 2005
Secretary of State

DOCUMENT# N01000008687

Entity Name: ALLIED BUSINESS OF FLORIDA POLITICAL ACTION COMMITTEE, INC.**Current Principal Place of Business:**325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301**New Principal Place of Business:****Current Mailing Address:**325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301**New Mailing Address:****FEI Number:** 59-3760339**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TURMAN, LLOYD A
325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**ANDERSON, KATHRYN B
325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301 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: KATHRYN B. ANDERSON

09/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: LARSON, JAN M
Address: 200 S. BISCAYNE BLVD., STE. 1900
City-St-Zip: MIAMI, FL 33131**Title:** D () Delete
Name: BLOUNT, MICHAEL H
Address: 100 N. TAMPA STREET, STE. 2200
City-St-Zip: TAMPA, FL 336025197**Title:** S/T () Delete
Name: TURMAN, LLOYD A
Address: 325 W COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32314**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S/T (X) Change () Addition
Name: ANDERSON, KATHRYN B
Address: 325 W COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32314

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN B. ANDERSON

ST

09/19/2005

Electronic Signature of Signing Officer or Director

Date