2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

1. Entity Nar	JMENT # N33777 OAST NUTCRACKER BA	ALLET, IN	C.				04-14-200	900 83 0	008 ****6	51.25
Principal Place of Business 300 W WATER ST SUITE 200 JACKSONVILLE, FL 32202 US Mailing Address 300 W WATER ST SUITE 200 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 3				2202	us					Tirk (4 kir i
2. Principal I	Place of Business .	3. Mail	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				Chg-NP	CR2E03	37 (10/03)	
City & State		Cit	City & State			4. FEI Number 59-2984	218		<u> </u>	pplied For ot Applicable
Zip	Country	Zip)	Co.	intry	5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curr	ent Registere	d Agent	*		7. Name and A	ddress of New	Registered /	Agent	
					Name					
MARTIN, DELEAH 300 W WATER ST					Street Address (P.O. Box Number is Not Acceptable)					
STE 200 JACKSON	VILLE, FL 32202					·	·	<u>-</u>		
··					City		,	FL	Zip Cod	le
	e named entity submits this stateme tions of registered agent.	nt for the purp	ose of changing it	s register	ed office or regi	istered agent, or both	, in the State of	Horida. Iam	familiar with,	and accept
SIGNATURE										
0,0,0,0,0,0										
<u>.</u>	Signature, typed or printed name of registered a	after a suc rate a state	icable. (NO	TE: Registere	d Agent signature rec	pured when reinstating)		DATE	<u> </u>	
	Filing Fee is \$61.25 Due by May 1, 2005	Special control of spin	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees	F	Make check orida Depar		
	Filing Fee is \$81.25		9. Election Ca	mpaign F	inancing	\$5.00 May Be	F	Make checi orida Depar	tment of S	tate ·
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12. I nereby certify that the information supplied with this filling 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 617, 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.

DIRECTOR

DIRECTOR

**OPTION OF THE PROPERTY OF TH

SIGNATURÉ:

Deleal Martin DELEAH MARTIN

4-13-05 (904)358-371

Daytime Phone #