


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90175 016 \*\*\*\*61.25

<b>DOCUMENT # N96000004664</b> 1. Entity Name INLAND PROTECTION FINANCING CORPORATION	
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Principal Place of Business C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308	Mailing Address C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02242005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3404559	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BEENCK, THOMAS A C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete BUSH, JEB PL-05 THE CAPITOL TALLAHASSEE, FL 323990001
TITLE	S <input type="checkbox"/> Delete BEENCK, THOMAS A 475 MERUN WAY TALLAHASSEE, FL 32301
TITLE	T <input type="checkbox"/> Delete VILLA, DAVID 1801 HERMITAGE BLVD STE 100 TALLAHASSEE, FL 32308
TITLE	D <input type="checkbox"/> Delete SICLAIT, RAOUL 3600 NE 82ND AVE MIAMI, FL 33166
TITLE	D <input type="checkbox"/> Delete GALLAGHER, TOM PL-1 THE CAPITOL TALLAHASSEE, FL 32399
TITLE	CEO <input type="checkbox"/> Delete STIPANOVICH, COLEMAN 5252 PIMUCO DRIVE TALLAHASSEE, FL 32309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Name Beenck, Thomas A. Street Address 475 Merlin Way City-ST-ZIP Tallahassee, FL 32301
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Name Stipanovich, Coleman Street Address 5252 Pimlico Drive City-ST-ZIP Tallahassee, FL 32309

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 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.

SIGNATURE: Thomas A. Beenck THOMAS A. BEENCK 3/3/05 850.413.1183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #