

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90327 003 \*\*\*150.00

14000898



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3626439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HOLLAND, GREG ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS TUTOR, TYRA ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MARSHALL, JOHN III ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO PAYNE, TIMOTHY D ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT ROBINSON, GERALD ONE INDEPENDENT DR JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-05

904-360-2707