2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 12, 2005 08:00 AM **Secretary of State** DOCUMENT # P00000024707 LINDA NICHOLAS CALL, INC. Principal Place of Business Mailing Address 3873 CHAPELGATE ROAD 3873 CHAPELGATE ROAD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 03112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 59-3627232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CALL, LINDA N DO NOT WRITE 3873 CHAPELGATE ROAD JACKSONVILLE, FL 32223 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000260783 03/12/05-80038-013 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE NAME CALL, LINDA N STREET ADDRESS 3873 CHAPELGATE ROAD JACKSONVILLE, FL 32223 CITY-ST-ZIP Ð TITLE CALL, LINDA N NAME STREET ADDRESS 3873 CHAPELGATE ROAD CITY-SY-ZIP JACKSONVILLE, FL 32223 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

FILED