

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90056 050 \*\*\*150.00

<b>DOCUMENT # P00000067685</b> 1. Entity Name <b>GROUP 77, INC.</b>					
Principal Place of Business <b>11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258</b>				Mailing Address <b>11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258</b>	
2. Principal Place of Business <b>1120 Park Avenue Suite 6 Orange Park, FL 32073 USA</b>		3. Mailing Address <b>1120 Park Avenue Suite 6 Orange Park, FL 32073 USA</b>			
03312005 Chg-P CR2E034 (10/03)		4. FEI Number <b>59-3658654</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>F&amp;L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>			
7. Name and Address of New Registered Agent <b>John Tucker One Independent Drive Jacksonville FL 32202</b>		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 <b>John Tucker</b> DATE <b>3-30-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE MCLAUGHLIN, DANIEL 11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Azhar, Ali M 4197 Spindletree Way Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES AZHAR, ALI P 11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Carl H.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>03/31/05</b> Daytime Phone #		