



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 A
Secretary of State

DOCUMENT # P00000073033		
1. Entity Name UNDERPAR ENTERPRISES, INC.		
Principal Place of Business 3127 ATLANTIC BLVD. JACKSONVILLE, FL 32207		Mailing Address 3127 ATLANTIC BLVD. JACKSONVILLE, FL 32207
DO NOT WRITE IN THIS SPACE		
		 01312005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3661990		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		
KELLY, TIMOTHY P 1016 LASALLE STREET JACKSONVILLE, FL 32207		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERRY, ANTHONY D 3825 BRAMPTON ISLAND COURT NORTH JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOORE, J. RICHARD JR 3427 RANDOLPH STREET JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAHAIM, JOHN J II 8756 ROLLING BROOK LANE JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEARING, DAVID P 5124 HARBOR POINT CIRCLE JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WATSON, RICHARD C 887 GROVE BLUFF CIRCLE NORTH JACKSONVILLE, FL 32259	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>John J. Rahaim II, Partner</u> 2-2-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		