## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # P00000104061** 1. Entity Name FARNHAM & FARNHAM, P.A Principal Place of Business Mailing Address 11528 SAN JOSE BLVD 11528 SAN JOSE BLVD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 01122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3680893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARNHAM, SUTTON DO NOT WRITE 11528 SAN JOSE BLVD 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FARNHAM, SUTTON DDS PHD NAME STREET ADDRESS 11528 SAN JOSE BLVD CITY-ST-ZIP JACKSONVILLE, FL 32223 FARNHAM, JACQUELENE G DMD NAME STREET ADDRESS 11528 SAN JOSE BLVD CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 frustee 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 appears, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNHAM 30 April'05

904/162-255

**FILED**