

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90127 018 ***150.00

DOCUMENT # P00000115995					
1. Entity Name NAVIGY, INC.					
Principal Place of Business 4800 DEERWOOD CAMPUS PKWY SUITE 100-7TH FLOOR JACKSONVILLE, FL 32246-8273			Mailing Address 50 N. LAURA STREET SUITE 2600 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3688055	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOLLY, AREZOU C 4800 DEERWOOD CAMPUS PKWY BLDG 100 7TH FLOOR JACKSONVILLE, FL 32246-8273			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVEO	<input type="checkbox"/> Delete	TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANTHAM, L. JOSEPH		NAME		
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322468273		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOLLY, AREZOU C		NAME	Hardeman, Donald M.	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY		STREET ADDRESS	4800 Deerwood Campus Pkwy	
CITY-ST-ZIP	JACKSONVILLE, FL 322468273		CITY-ST-ZIP	Jacksonville, FL 322468273	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, ROBERT		NAME		
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322468273		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWENNESEN, WILLIAM A		NAME		
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322468273		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERR, R. CHRIS		NAME		
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322468273		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASCONI, JR., MICHAEL		NAME		
STREET ADDRESS	4800 DEERWOOD CAMPUS PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322468273		CITY-ST-ZIP		
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>Arezou C. Jolly</u>			Date: <u>4-2-05</u>		Daytime Phone #: <u>(904) 905-6024</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					