2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000118028 05 SEP -9 AM II: 00 1. Entity Name THE LAW OFFICE OF WILLIAM C. DUFFACK, JR., P.A. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1300 EXECUTIVE CENTER DR STE 113 1300 EXECUTIVE CENTER DR STE 113 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09092005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3686092 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUFFACK, WILLIAM C JR Street Address (P.O. Box Number is Not Acceptable) 1055 COPPER CREEK DR TALLAHHASSEE, FL 32311 City Zip Code 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Delete 400059751374 DUFFACK, WILLIAM C JR NAME NAME STREET ADDRESS 1055 COPPER CREEK DR 09/19/05--01062--025 **150.00 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP K. Eckel SEP - 9 2005 Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addless, with all other like empowered. Bill SIGNATURE:

THE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR