2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000002544 04-26-2005 90129 043 ***150.00 1. Entity Name VANNORTWICK, INC. Principal Place of Business Mailing Address 3006 AVON CIRCLE 3006 AVON CIRCLE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 No Chg-P CR2E034 (10/03) 04192005 DO NOT WRITE IN THIS SPACE 59-2008565 59-3689563 Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAN NORTWICK, WILLIAM A JR DO NOT WRITE 3006 AVON CIRCLE TALLAHASSEE, FL 32312 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE VANNORTWICK, WILLIAM A JR NAME STREET ADDRESS 3006 AVON CIR CITY-ST-ZIP TALLAHASSEE, FL 32312 SDT TITLE GILMORE, CLARE V NAME STREET ADDRESS 4756 ORTEGA FOREST DR JACKSONVILLE, FL 32210 CITY-ST-ZIP VPD TITLE VANNORTWICK, NINA G NAME STREET ADDRESS 3629 RIVERSIDE DRIVE DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32205 IN THIS SPACE TITLE VANNORTWICK, WALLACE T NAME STREET ADDRESS 7942 GOODWOOD BLVD BATON ROUGE, LA 70806 CITY-ST-7IP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR ES.

2/8/Au 2005

850.386.5043

Daytime Phone #

FILED Apr 26, 2005 8:00 am