## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000022663

Entity Name: RELOCATION ASSURANCE CORPORATION

FILED Apr 13, 2005 Secretary of State

Entry Name: NELOOATION AGGORANGE GO	THE ONLY THE PARTY OF THE PARTY
Current Principal Place of Business:	New Principal Place of Business:
815 S MAIN STREET JACKSONVILLE, FL 32207	815 S MAIN STREET, 6TH FLOOR ATTN: LORI EISCHEN JACKSONVILLE, FL 32207
Current Mailing Address:	New Mailing Address:
815 S MAIN STREET JACKSONVILLE, FL 32207	815 S MAIN STREET, 6TH FLOOR ATTN: LORI EISCHEN JACKSONVILLE, FL 32207
FEI Number: 59-3702971 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
BARNETT, JAMES G 815 S MAIN STREET JACKSONVILLE, FL 32207 US	
The above named entity submits this statement fin the State of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Register	red Agent Date
Election Campaign Financing Trust Fund Contribution (	).
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: V/T () Delete Name: GROGER, RANDALL	Title: P/T (X) Change()Addition Name: GROGER. RANDALL

815 S. MAIN ST

JACKSONVILLE, FL 32207

Address:

City-St-Zip:

815 S MAIN STREET Address: 815 S MAIN STREET Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: V/S () Delete Title: (X) Change ( ) Addition

KELLY, SCOTT KELLY, SCOTT Name: Name: Address: 815 S MAIN STREET Address: 815 S MAIN STREET JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip:

Title: Title: CAO () Delete () Change () Addition Name: CALLIHAN, JOHN

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT KELLY P/S 04/13/2005