


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90187 001 ***300.00

DOCUMENT # P01000094724	
1. Entity Name FLORIDAUC, INC.	

Principal Place of Business 2670 EXECUTIVE CENTER CIRCLE W SUITE 100 TALLAHASSEE, FL 32301	Mailing Address 2670 EXECUTIVE CENTER CIRCLE W SUITE 100 TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

	
02032005 No Chg-P	CR2E034 (10/03)
4. FEI Number 23-2753915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, KRISTY
2670 EXECUTIVE CENTER CIRCLE W E
SUITE 100
TALLAHASSEE, FL 32301**

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GRIFFITH, RICHARD S JR 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENJOR, PATRICK J 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EVANS, LOREE E 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, KRISTINE A 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, CARRIE L 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **2/3/05** **850.222.1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #