
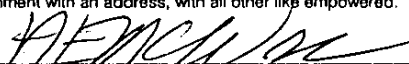


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90009 008 \*\*\*150.00

DOCUMENT # P01000099805			
1. Entity Name FLEMING ISLAND PLAZA INC.			
Principal Place of Business 4711 U.S. HWY. 17 SOUTH BLDG. "A" STE. 8 ORANGE PARK, FL 32003		Mailing Address 4711 U.S. HWY. 17 SOUTH BLDG. "A" STE. 8 ORANGE PARK, FL 32003	
2. Principal Place of Business 4711 US Hwy 17 South		3. Mailing Address P.O. Box 1381	
Suite, Apt. #, etc. B2 #1		Suite, Apt. #, etc.	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32003		Country USA	
Zip 32067-1381		Country USA	
03172005		Chg-P	
CR2E034 (10/03)		4. FEI Number 59-3755621	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent VELASCO, EDWARD B 4711 U.S. HWY. 17 SOUTH BLDG. "A" STE. 8 ORANGE PARK, FL 32003		7. Name and Address of New Registered Agent Name: Velasco, Edward B. Street Address (P.O. Box Number is Not Acceptable): 4711 US Highway 17 South B2 #1 City: Orange Park FL Zip Code: 32003	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	D VELASCO, EDWARD B 4711 U.S. HWY. 17 SOUTH ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCWILLIAMS, A.E. 4711 U.S. HWY. 17 SOUTH ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/25/05 (904) 264-5006	
A.E. McWilliams, N. President		Date Daytime Phone #	