

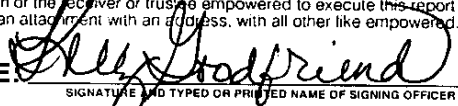


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90197 047 ***150.00

DOCUMENT # P01000107867					
1. Entity Name SOUTHERN CROSS OF NORTH FLORIDA, INC.					
Principal Place of Business 9858 MOORINGS DRIVE JACKSONVILLE, FL 32257			Mailing Address 9858 MOORINGS DRIVE JACKSONVILLE, FL 32257		
2. Principal Place of Business 605 SWEETWATER BRANCH LANE		3. Mailing Address 605 SWEETWATER BRANCH LANE			
Suite, Apt. #, etc. LANE		Suite, Apt. #, etc.		05032005 Chg-P CR2E034 (10/03)	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA		4. FEI Number 59-3677063	
Zip 32259		Country DUVAL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32259		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODFRIEND, KELLY 9858 MOORINGS DRIVE JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 605 SWEETWATER BRANCH LANE City JACKSONVILLE FL Zip Code 32259		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	DPST GOODFRIEND, KELLY 9858 MOORINGS DRIVE JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 SWEETWATER BRANCH LANE JACKSONVILLE, FL 32259	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP GOODFRIEND, JAMES W III 9858 MOORINGS DRIVE JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 SWEETWATER BRANCH LANE JACKSONVILLE, FL 32259	
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	
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	
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	
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 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KELLY GOODFRIEND		Date 5/5/05 Daytime Phone # 904-463-7041	