2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 21, 2005 08:00 AM DOCUMENT # P01000114441 **Secretary of State** RICHARD W. JOHNSON, PA Principal Place of Business Mailing Address 5184 OSCEOLA AVENUE 5184 OSCEOLA AVENUE ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32080 03112005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3757456 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, CHARLES E DO NOT WRITE 77 ALMERIA STREET ST. AUGUSTINE, FL 32084 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE NAME JOHNSON, RICHARD W 03/21/05-80044-010 150.00 5184 OSCEOLA AVENUE STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32080 D TITLE JOHNSON, RICHARD W NAME STREET ADDRESS 5184 OSCEOLA AVENUE CITY-ST-ZIP ST. AUGUSTINE, FL 32080 TITLE ΝΑΜξ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 export 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:

NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

Daylime Phone #