


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-10-2005 90017 024 ***158.75

DOCUMENT # P02000010029 1. Entity Name LAW OFFICES J. PATRICK FLOYD CHARTERED					
Principal Place of Business 408 LONG AVE. PORT ST. JOE, FL 32456		Mailing Address P.O. BOX 850 1104 MONUMENT AVE PORT ST. JOE, FL 32456			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1104 MONUMENT AVE Suite, Apt. #, etc.			
City & State PORT ST. JOE, FLA		City & State PORT ST. JOE, FLA		4. FEI Number 04-3606369	
Zip 32456		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLOYD, J. PATRICK 408 LONG AVE. 1104 MONUMENT AVE PORT ST. JOE, FL 32456				7. Name and Address of New Registered Agent Name J. Patrick Floyd Street Address (P.O. Box Number is Not Acceptable) 1104 MONUMENT AVE City PORT ST. JOE FL Zip Code 32456	
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 <u><i>J. Patrick Floyd</i></u> <u><i>J. Patrick Floyd</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FLOYD, J. PATRICK 408 LONG AVE. 1104 MONUMENT AVE PORT ST. JOE, FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLOYD, J. PATRICK 1104 MONUMENT AVE PORT ST. JOE, FLA 32456		
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		
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: <u><i>J. Patrick Floyd</i></u> <u><i>J. Patrick Floyd</i></u> <u>8/5/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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