## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

rILED HISTIARY OF STAIL DOCUMENT # P02000059221 ASION OF CORPORATION 1. Entity Name PENNINGTON, MOORE, WILKINSON, BELL & DUNBAR -04 JUL -2 PM 12: 19 TAMPA, P.A. Principal Place of Business Mailing Address 215 S. MONROE ST., SECOND FLOOR 215 S. MONROE ST., SECOND FLOOR TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 707012004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 03-0453314 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKINSON, CATHI C Street Address (P.O. Box Number is Not Acceptable) 215 S. MONROE ST., SECOND FLOOR TALLAHASSEE, FL 32301 City Zip Code 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 signatura required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President TITLE Delete TITLE □ Change **Addition** NAME WILKINSON, BEN NAME E Randolph Circle 7273 OXBOW CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BELL, DOUGLAS S NAME NAME STREET ADDRESS 3705 CASSANDRA DR STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE Secretary John Pelham TITLE Delete DUNBAR MARC 2305 Killegra Center Blvd # F139 NAME NAME STREET ADDRESS **7335 OX BOW CIR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32308 Delete **‡ITLE** ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 6000330166**f**e~ NAME NAME 07/12/04--01047--005 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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: