## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000062242

1. Entity Name

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHARLES B. EVERLY PROFESSIONAL ASSOCIATES, INC.



01032005

FILED Feb 11, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business

541 RIDGELINE RUN LONGWOOD, FL 32750 Mailing Address

541 RIDGELINE RUN LONGWOOD, FL 32750



No Chg-P

|  |   |  | -                 | 4. FEI Numb<br>04-368                 |                              |                  | Not Applicable                        |  |
|--|---|--|-------------------|---------------------------------------|------------------------------|------------------|---------------------------------------|--|
|  |   |  |                   | 5. Certificate                        | of Status Desired            |                  | 8.75 Additional se Required           |  |
|  | 6. Name and Address of Current Regis                                    | tered Agent  |                   |                                       |                              | <del>-</del>     |                                       |  |
| HODGES, GEORGE<br>585 SOUTH CR-427, STE 121<br>LONGWOOD, FL 32750-5462 |   |  |                   | DO NOT WRITE<br>IN THIS SPACE         |                              |                  |                                       |  |
| 5. The above the obligat   | named entity submits this statement for the prices of registered agent. | ourpose of changing its registered o                     | office or reg     | istered agent, or bo                  | th, in the State of Flo      | rida. I am fan   | nillar with, and accept               |  |
| SIGNATURE  |   |  |                   |                                       |                              |                  |                                       |  |
|  | Signature, typed or printed name of registered agent and title          | if applicable. (NOTE, Registered Age                     | ent signature rec | quired when reinstating)              |                              | DATE             |                                       |  |
| FIL<br>After M   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00             | Election Campalgn Financing     Trust Fund Contribution. |                   | \$5.00 May Be<br>Added to Fees        |                              |                  |                                       |  |
| 10.  | OFFICERS AND DIREC  | CTORS  |                   | · · · · · · · · · · · · · · · · · · · |                              |                  | ··· · · · · · · · · · · · · · · · · · |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  | D<br>EVERLY, CHARLES B<br>541 RIDGELINE RUN<br>LONGWOOD, FL 32750       |  |                   |                                       | :000000<br>-02/11/ <b>05</b> | ??5319<br>??5319 | 11 155 AD                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |  |                   |                                       | 06"4 X 14 (3%)-1             | 38034"U(         | 11 130.00                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |  |                   | DO                                    | NOT W                        | RITE             |                                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |  | •                 | IN T                                  | THIS SP                      | ACE              |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS  |   |  |                   |                                       |                              |                  |                                       |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: Charles B. Eventy Charles . Euro 2/8/05 407-342SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELICION DAILY DESCRIPTION &