2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P03000000658 04-29-2005 90193 039 ***150.00 R & N ADVISORS, INC. Mailing Address Principal Place of Business 1223 RIDING ROCK LANE 1223 RIDING ROCK LANE PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 01292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3734701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, GARY DO NOT WRITE 100 S ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602 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 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MCKINNON, RUSSELL NAME 1223 RIDING ROCK LANE ... STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TMF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 trustoe impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered. 740·6285 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED