-2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 08:00 AM Secretary of State **DOCUMENT # P03000014074** 1. Entity Name 5 W. FORSYTH ST., INC. Principal Place of Business Mailing Address 2275 ATLANTIC BLVD. 2275 ATLANTIC BLVD. NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1574263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SORRELL, MARY C ESQ. DO NOT WRITE 2275 ATLANTIC BLVD., STE. 100 NEPTUNE BEACH, FL. 32266 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HIONIDES, CHRIS NAME STREET ADDRESS 2275 ATLANTIC BLVD. 000000308170 04/15/05-80084-005 150.00 CITY-ST-ZIP NEPTUNE BEACH, FL 32266 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 MLE

12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 employered 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 attachage, with all other like employered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05

904-241-1501

FILED