

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000021726</b><br>1. Entity Name<br><b>RADEY THOMAS YON &amp; CLARK, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                                                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Principal Place of Business<br><b>301 S. Bronough Street<br/>SUITE 200<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                                                                                                                        | Mailing Address<br><b>P.O. BOX 10967<br/>TALLAHASSEE, FL 32302</b> |                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 2. Principal Place of Business<br><br>Suite, Apt. # etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 | 3. Mailing Address<br><br>Suite, Apt. # etc.                                                                           |                                                                    | US APR -8 PM 2:49<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br><br><br><br>02262005    Chg-P    CR2E034 (10/03)                                                                                                                                                                                                                                                            |  |
| City & State<br><br>Zip    Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 | City & State<br><br>Zip    Country                                                                                     |                                                                    | 4. FEI Number<br><b>75-3101245</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                       |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |                                                                                                                        |                                                                    | 6. Name and Address of Current Registered Agent<br><br><b>Travis Miller<br/>301 S. Bronough Street, Suite 200<br/>Tallahassee, Florida 32301</b>                                                                                                                                                                                                                                   |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE <b>Travis Miller, TCFO</b> <b>April 8, 2005</b><br><small>(NOTE: Registered Agent signature required when registering)</small> DATE |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11</b>       |                                                                                                                                                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PCEO<br>RADEY, JOHN A<br><b>301 S. Bronough Street, Suite 200<br/>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TCFO<br>MILLER, TRAVIS L<br><b>301 S. Bronough Street, Suite 200<br/>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete  |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <b>500050751015</b><br><b>04/14/05--01016--003 **158.75</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S<br>COMBS, BERT L<br><b>301 S. Bronough Street, Suite 200<br/>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete        |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C<br>YON, DAVID A<br><b>301 S. Bronough Street, Suite 200<br/>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete         |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <b>PT 4/8</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C<br>THOMAS, HARRY O<br><b>301 S. Bronough Street, Suite 200<br/>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete      |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V<br>LUNNY, CHRISTOPHER B<br><b>301 S. Bronough Street, Suite 200<br/>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>Bert Combs</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                        | <b>April 8, 2005</b><br><small>Date</small>                        |                                                                                                                                                                                                                                                                                                                                                                                    |  |

Radey Thomas Yon & Clark  
Document # P03000021726

Additional Officers and Directors:

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | V                                 |
| Name            | Donna Blanton                     |
| Street Address  | 301 S. Bronough Street, Suite 200 |
| City – St - Zip | Tallahassee, Florida 32301        |
| Title           | V                                 |
| Name            | Jeffrey Frehn                     |
| Street Address  | 301 S. Bronough Street, Suite 200 |
| City – St - Zip | Tallahassee, Florida 32301        |
| Title           | V                                 |
| Name            | Susan Clark                       |
| Street Address  | 301 S. Bronough Street, Suite 200 |
| City – St - Zip | Tallahassee, Florida 32301        |
| Title           | V                                 |
| Name            | Karen Asher – Cohen               |
| Street Address  | 301 S. Bronough Street, Suite 200 |
| City – St - Zip | Tallahassee, Florida 32301        |
| Title           | V                                 |
| Name            | Elizabeth McArthur                |
| Street Address  | 301 S. Bronough Street, Suite 200 |
| City – St - Zip | Tallahassee, Florida 32301        |