


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90009 043 ***150.00

DOCUMENT # P03000068624 1. Entity Name FRAME ROCK PARTNERS, INC.			
Principal Place of Business 200 W FORSYTH ST, STE 1200 JACKSONVILLE, FL 32202		Mailing Address 200 W FORSYTH ST, STE 1200 JACKSONVILLE, FL 32202	
2. Principal Place of Business 7111 Davis Creek Road Suite, Apt., #, etc. Suite 1 City & State Jacksonville, FL Zip 32256 Country USA		3. Mailing Address 7111 Davis Creek Road Suite, Apt., #, etc. Suite 1 City & State Jacksonville, FL Zip 32256 Country USA	
4. FEI Number 55-0843133		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LANTINBERG, RICHARD J 200 W FORSYTH ST, STE 1200 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANTINBERG, RICHARD J ESQ 200 W FORSYTH ST, STE 1200 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Woodrow W. Garner P.O. Box 24748 Jacksonville, FL 32241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres./Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David L. Searcy P.O. Box 24748 Jacksonville, FL 32241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres./Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition George E. Ridge, Esq. 200 W. Forsyth Street, Suite 1200 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Woodrow Garner</u> WOODROW GARNER 1.13.04 904 260 2461 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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