

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087665

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: SUDDATH MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

815 S MAIN STREET  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

815 S MAIN STREET, 6TH FLOOR  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207

## Current Mailing Address:

815 S MAIN STREET  
JACKSONVILLE, FL 32207

## New Mailing Address:

815 S MAIN STREET, 6TH FLOOR  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207

FEI Number: 45-0521656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNETT, JAMES G  
815 S MAIN STREET  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFOD ( ) Delete  
Name: BARNETT, JAMES G  
Address: 815 S MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: C ( ) Delete  
Name: SUDDATH, STEPHEN M  
Address: 815 S MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VSD ( ) Delete  
Name: SUDDATH STRICKLAND, BARBARA  
Address: 815 S MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CEOD ( ) Delete  
Name: VAUGHN, BARRY S  
Address: 815 S MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete  
Name: THOMAS, BOB  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. BARNETT

CFOD

04/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date