

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109253

FILED
Apr 29, 2005
Secretary of State

Entity Name: CHARLES L. CROMER, C.P.A., P.A.

Current Principal Place of Business:

1778 BEACH AVENUE
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

225 WATER STREET
1200
JACKSONVILLE, FL 32202 US

Current Mailing Address:

1778 BEACH AVENUE
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

225 WATER STREET
SUITE 225
JACKSONVILLE, FL 32202 US

FEI Number: 20-0277595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, MARK ESQ.
4540 SOUTHSIDE BOULEVARD
SUITE 702
JACKSONVILLE, FL 32216 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: P, D () Delete
Name: CROMER, CHARLES L
Address: 1778 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: CROMER, CHARLES L
Address: 225 WATER STREET, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

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: CHARLES L. CROMER

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date