

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90044 039 ***150.00

DOCUMENT # P03000133684 1. Entity Name TROY E. SENTERFITT, INC.					
Principal Place of Business 2666 NEW BERLIN ROAD JACKSONVILLE, FL 32226			Mailing Address 2666 NEW BERLIN ROAD JACKSONVILLE, FL 32226		
2. Principal Place of Business 12396 Hickory Forest Road Suite, Apt. #, etc.		3. Mailing Address 12396 Hickory Forest Road Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32226 Country USA		City & State Jacksonville, FL Zip 32226 Country USA		4. FEI Number 75-1686745	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEIDE; MOSES JR. 2666 NEW BERLIN ROAD JACKSONVILLE, FL 32226			7. Name and Address of New Registered Agent Name MEIDE, MOSES JR. Street Address (P.O. Box Number is Not Acceptable) (ADDRESS CHG ONLY) 12396 Hickory Forest Road City JACKSONVILLE State FL Zip Code 32226		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD SENERFITT, TROY E 2666 NEW BERLIN ROAD JACKSONVILLE, FL 32226		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENERFITT, TROY E. 12396 HICKORY FOREST ROAD JACKSONVILLE, FL. 32226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SENERFITT, MARCIA E W 2666 NEW BERLIN ROAD JACKSONVILLE, FL 32226		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SENERFITT, MARCIA E. W 12396 HICKORY FOREST ROAD JACKSONVILLE FL. 32226	
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	
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>Marcia E. Senterfitt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>MARCIA E. SENTERFITT</u> JANUARY 18, 2005 (904) 751-4561 <small>Date Daytime Phone #</small>		