ALLE MAY OBITT.

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000019557 1. Entity Name TERRY DEASON JR. INC.			FILED 05 APR 29 PM 4: 35
Principal Place of Business P. O. BOX 1292 WOODVILLE, FL 32362	P. O. BOX 1292		SECRETAINE OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business	al Place of Business 3. Mailing Address 3. Day 1292		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03242005 Chg-P CR2E034 (10/03)
City & State	ville, Fl.		4. FEI Number Applied For Not Applicable
32362 Country .S.	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEASON, TERRY JR. 3 ASHLEY HALL RD. CRAWFORDVILLE, FL 32327		3464 City Tal	7. Name and Address of New Registered Agent TO DEAST: JE S(P.O. Box Number is Not Acceptable) Collor F. R. Zip-Gode S23355
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 Signature, typed or priviled name of rogistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOVIII FET: 13 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees			
10. OFFICERS AND	DIRECTORS Delete	TITLE V	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SING Watford Change Maddition
NAME DEASON, TERRY JR. STREET ADDRESS 3 ASHLEY HALL RD. CRAWFORDVILLE, FL 32327		NAME STREET ADDRESS CITY-ST-ZIP	3 J.A. morris LA Crawfordville FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 000054019550 05/06/0501075014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 4-28-05 4)-2118 Date Dayurie And OF SIGNING OFFICER OR DIRECTOR Date Dayurie Proces			