

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022070

FILED  
Feb 23, 2005  
Secretary of State

Entity Name: M & T PROPERTIES OF NORTH FLORIDA INC.

**Current Principal Place of Business:**

P.O. BOX 600277  
JACKSONVILLE, FL 32260 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 600277  
JACKSONVILLE, FL 32260 US

**New Mailing Address:**

FEI Number: 56-2432630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THIGPEN, WESTON H  
524 CARAWAY CT  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

THIGPEN, WESTON H  
316 N. LOMBARDY LOOP  
JACKSONVILLE, FL 32259 US

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: WES THIGPEN

02/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THIGPEN, WESTON H  
Address: 524 CARAWAY CT  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP ( ) Delete  
Name: MCCOLLUM, SUSAN P  
Address: 3669 HAMPTON GLEN PL.  
City-St-Zip: JACKSONVILLE, FL 32257 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: THIGPEN, WESTON H  
Address: 316 N. LOMBARDY LOOP  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP (X) Change ( ) Addition  
Name: MCCOLLUM, SUSAN P  
Address: 909 LITTLE LOOP  
City-St-Zip: JACKSONVILLE, FL 32259 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: WESTON H THIGPEN

P

02/23/2005

Electronic Signature of Signing Officer or Director

Date