


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90044 042 \*\*\*158.75

<b>DOCUMENT # P04000068795</b>	
1. Entity Name SERVICE GROUP ADMINISTRATORS, INC.	

Principal Place of Business 313 NORTH MONROE STREET SUITE 200 TALLAHASSEE, FL 32301	Mailing Address 313 NORTH MONROE STREET SUITE 200 TALLAHASSEE, FL 32301
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40017608



2. Principal Place of Business 301 South Bronough Street Suite, Apt. #, etc. Suite 200 City & State Tallahassee FL Zip 32301	3. Mailing Address 301 South Bronough Street Suite, Apt. #, etc. Suite 200 City & State Tallahassee FL Zip 32301
Country United States	Country United States

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1348020	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, TRAVIS L 313 NORTH MONROE STREET SUITE 200 TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Miller, Travis L (address change only) Street Address (P.O. Box Number is Not Acceptable) 301 South Bronough Street Suite 200 City Tallahassee FL Zip Code 32301
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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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JUSTIN K 1313 WESTON ROAD AUSTIN, TX 78733 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JOSEPH K 1313 WESTON ROAD AUSTIN, TX 78733 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JO ANN G 2508 JOHNSON AVENUE AUSTIN, TX 78336 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HOLLIDAY, GARY R 7715 T-BAR TRAIL AUSTIN, TX 78759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLIDAY, GARY R 7715 T-BAR TRAIL AUSTIN, TX 78759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PATRICK A VANCE 20800 MOHAWK STREET LAGO VISTA, TX 78645 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROWBRIDGE, JANAY G 7108 PARK TERRACE DR ALEXANDRIA, VA 22307 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SPRING, GARY L 2714 ORO VIEJO COVE CEDAR PARK, TX 78613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JAMES S 1614 PALISADES POINT AUSTIN, TX 78371 <input checked="" 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:** Gary L. Spring - Gary L. Spring S/T 2-7-05 512-637-3867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #