## 2005 FOR PROFIT CORPORATION

## Apr 07, 2005 8:00 am Secretary of State ANNUAL REPORT 04-07-2005 90034 001 \*\*\*150.00 DOCUMENT # P04000072008 1. Entity Name LEAGUE & JESPERSON, P.A. Principal Place of Business Mailing Address 50034850 3955 RIVERSIDE AVENUE **3955 RIVERSIDE AVENUE** SUITE 100 SUITE 100 JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03282005 Chg-P City & State City & State 4. FEI Number Applied For 51-0507952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEAGUE, BARBARA J ESQ. Street Address (P.O. Box Number is Not Acceptable) 3955 RIVERSIDE AVENUE **SUITE 100** JACKSONVILLE, FL 32205 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. мемв TITLE Delete President Change TITLE League, Barbara J. Esq. 3955 Riverside Avenue, Sute 100 Jacksonville, FL 32205 LEAGUE, BARBARA J ESQ. NAME NAME STREET ADDRESS 3955 RIVERSIDE AVENUE, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32205 Vice-President ☐ Change Addition Oelete TITLE Jesperson, Gordon O. 3955 Riveroide Avenue, Suite 100 MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32205 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empoyered 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:

**FILED**