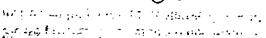
## FILED Jul 19, 2005 8:00 am Secretary of State 07-05-2005 90222 005 \*\*\*150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business Mailing Address CC 0 2 4 0 4 4	
Principal Place of Business  13889 HANOVER PARK CT.  13889 HANOVER PARK CT.  13CKSONVILLE, FL 32224  Mailing Address  13889 HANOVER PARK CT.  1ACKSONVILLE, FL 32224	
2. Principal Place of Business 3. Mailing Address	
Suite, Apl. #, etc. Suite, Apl. #, etc. 07022005 Chg-P CR2E034 (10/03)	
	lied For Applicable
Zip Country Zip Country 5. Certificate of Status Desired	опа)—
Name and Address of Current Registered Agent     Name and Address of New Registered Agent     Name	
SMITH, KATHRYN F 13889 HANOVER PARK CT. JACKSONVILLE, FL 32224	
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, at the obligations of registered agent.	nd accept
SIGNATURE	]
Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when renstating) DATE	
FILE NOW!!! FEE IS \$150.00  Bue by September 7, 2005  • Election Campaign Financing \$5.00 May Be In accordance with s. 807.193(2)(b), F Corporation did not receive the prior no	S., the tice.
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 11
TITLE CEO DeleN TITLE Change  NAME SMITH, RONALD E  SIRETI ADDRESS  CITY-SI-ZIP  JACKSONVILLE, FL 32224  CITY-SI-ZIP	☐ Addiston
	☐ Addition
NAME SMITH, RONALD E NAME	
STRET ADDRESS   13889 HANOVER PARK CT.   STRET ADDRESS   CITY-ST-78P   JACKSONVILLE, FL 32224   CITY-ST-78P	j
	Addition
NAME SMITH, KATHRYN F NAME	·
STREET ADDRESS 13889 HANOVER PARK CT. STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	
	Addition
NAME SMITH, KATHRYN F NAME	
STRET ADDRESS 13889 HANOVER PARK CT. STRET ADDRESS CITY-ST-ZP JACKSONVILLE, FL 32224 CITY-ST-ZP	
	Addition
	ì
NAME NAME	- 1
	I
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TILE Delete: TILE NAME  Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delecte TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TILE Delete: TILE NAME  Change	rmation director

## **ATTACHMENT**

(06624811





July 14, 2005

**Divisions of Corporations** 

P O Box 6327

Tallahassee, Fl 32314

REFERENCE: Document #P14018

Gentlemen:

We have today received notice of late filing of the above referenced report.

We received the form June 28, 2005, and returned same to you on June 30, 2005. According to your web-site, late fee is not applicable if the form is not received prior to May 1 cut-off. The block on the form was checked indicating late receipt of the form.

Please process the referenced document #P14018 as submitted as we were instructed by your representative this A.M.

In the same envelope we received our late notice, included also was a late notice for #P04000082849 we are returning to you as instructed.

Your attention is greatly appreciated.

Thank you,

John T Reynolds Business Manage

Enclosure