2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099194

Entity Name: DERBY HOUSE, INC.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1604 STOCKTON STREET JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

1604 STOCKTON STREET JACKSONVILLE, FL 32204

FEI Number: 20-1313538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORBIN, NB JR ROBERTS, WILLIAM R. 1604 STOCKTON STREET 4275 GENOA AVE.

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32210 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: WILLIAM R. ROBERTS 04/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DEVP (X) Change () Addition Name: DEAN, HENRY E III Name: DEAN, HENRY E III

 Name:
 DEAN, HENRY E III
 Name:
 DEAN, HENRY E III

 Address:
 1604 STOCKTON STREET
 Address:
 1604 STOCKTON STREET

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: D () Delete Title: DST (X) Change () Addition Name: ROBERTS, WILLIAM R ROBERTS, WILLIAM R

Name:ROBERTS, WILLIAM RName:ROBERTS, WILLIAM RAddress:1604 STOCKTON STREETAddress:1604 STOCKTON STREETCity-St-Zip:JACKSONVILLE, FL 32204City-St-Zip:JACKSONVILLE, FL 32204

Title: D () Delete Title: DP (X) Change () Addition

Name: CORBIN, NB JR Name: CORBIN, NB JR

Address: 1604 STOCKTON STREET Address: 1604 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32204

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: WILLIAM R. ROBERTS DST 04/15/2005