2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145042

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32211 US

JACKSONVILLE, FL 32211 FL

WILDES-WARD, LORI M

1740 TRACY ROAD

() Delete

FILED Apr 14, 2005 Secretary of State

Entity Name: PKPS HOLDING COMPANY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1740 TRACY ROAD JACKSONVILLE, FL 32211 LIS **Current Mailing Address: New Mailing Address:** 1740 TRACY ROAD JACKSONVILLE, FL 32211 US FEI Number: 20-1770587 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: FARWELL, JEFFREY M 5320 FLORAL BLUFF CT. JACKSONVILLE, FL 32211 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SARLES, RICHARD M TORRES, MARCIA D Name: Name: 7615 ALVIA DRIVE 1740 TRACY RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 FL City-St-Zip: JACKSONVILLE, FL 32211 FL () Delete Title: VΡ Title: VΡ (X) Change () Addition Name: TORRES, MARCIA D Name: TORRES, JORGE E 1740 TRACY ROAD 1740 TRACY ROAD Address: Address: JACKSONVILLE, FL 32211 FL JACKSONVILLE, FL 32211 FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DAY, DANA Y Name: Name: 1740 TRACY ROAD Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: MARCIA D TORRES 04/14/2005

(X) Change () Addition

WINDES-WARD, LORI M

JACKSONVILLE, FL 32211 FL

1740 TRACY ROAD