

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90049 022 \*\*\*158.75

40016343



02082005 Chg-P CR2E034 (10/03)

4. FEI Number **41-2157132** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

SLAGLE, WILLIAM G  
6622 SOUTHPOINT DRIVE SOUTH  
SUITE 310  
JACKSONVILLE, FL 32216

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>W/O</b>
STREET ADDRESS	<b>William G. Sagle</b>
CITY-ST-ZIP	<b>2308 Barefoot Trce Atlantic Beach, FL 32233</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>John W. Westman</b>
CITY-ST-ZIP	<b>2213 Alicia Lane Atlantic Beach, FL 32233</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>W. Loch Ireland</b>
CITY-ST-ZIP	<b>2211 Alicia Lane Atlantic Beach, FL 32233</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>T. Stephen Johnson</b>
CITY-ST-ZIP	<b>3650 Mansell Road Alpharetta GA 30022</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V</b>
STREET ADDRESS	<b>David R. Ashley</b>
CITY-ST-ZIP	<b>5020 Yacht Club Road Jacksonville FL 32210</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V</b>
STREET ADDRESS	<b>Stuart D. Gurr</b>
CITY-ST-ZIP	<b>5157 Riverhill Road Marietta GA 30068</b>

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: David R. Ashley **DAVID R. ASHLEY**

2/7/05 Date

904-332-6608 Daytime Phone #