

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163028

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: CHRISMIM ACQUISITIONS COMPANY

## Current Principal Place of Business:

245 RIVERSIDE AVE., STE. 400  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

245 RIVERSIDE AVE., STE. 500  
JACKSONVILLE, FL 32202

## Current Mailing Address:

245 RIVERSIDE AVE., STE. 400  
JACKSONVILLE, FL 32202

## New Mailing Address:

245 RIVERSIDE AVE., STE. 500  
ATTN. LEGAL DEPT.  
JACKSONVILLE, FL 32202

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENHUT, STEVEN B  
245 RIVERSIDE AVE., STE. 400  
JACKSONVILLE, FL 32202    US

## Name and Address of New Registered Agent:

MARX, CHRISTINE M  
245 RIVERSIDE AVE., STE. 500  
JACKSONVILLE, FL 32202    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: CHRISTINE M. MARX

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:                      DP                      ( ) Change (X) Addition  
Name:                      MARX, CHRISTINE M  
Address:                      245 RIVERSIDE AVENUE SUITE 500  
City-St-Zip:                      JACKSONVILLE, FL 32202

Title:                      DV                      ( ) Change (X) Addition  
Name:                      REGAN, MICHAEL N  
Address:                      245 RIVERSIDE AVENUE SUITE 500  
City-St-Zip:                      JACKSONVILLE, FL 32202

Title:                      S                      ( ) Change (X) Addition  
Name:                      ALFORD, REECE B  
Address:                      245 RIVERSIDE AVENUE SUITE 500  
City-St-Zip:                      JACKSONVILLE, FL 32202

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: REECE B. ALFORD

S

04/21/2005

Electronic Signature of Signing Officer or Director

Date