2005 FOR PROFIT CORPORATION

FILED Mar 14, 2005 8:00 am

ANNUAL KEPUKI								secretary of State				
DOCUMENT # P04000172716									03-14-200	5 90112 (10 ***15	0.00
1. Entity Nam	SOUTHE	NCT INC										
CONCOT	30011127	101, IIVO.										
Principal Plac	e of Business			failing Address								•
11000 BLASIUS ROAD				11000 BLASIUS ROAD						1	50026	141
JACKSONVILLE, FL 32226			J	JACKSONVILLE, FL 32226						')	111
2. Principal Place of Business			3.	3. Mailing Address					TÎM ENÇÎ COM BON		(B) (B30) 0 B 0	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03042005	Chg-P	CR2E	034 (10/03)	
City & State				City & State			-	4. FEI Numbe	41-216	9314	→	oplied For ot Applicable
Zip	Zip Country			Zip . Co				5. Certificate	of Status Desire		\$8.75 Add	ditional
	6. Name ar	d Address of	Current Reals	stered Agent	L				Address of Nev		Fee Require	ed
,						Name						
ROBINSON, BRUCE 11000 BLASIUS ROAD				•			Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 3	32226										
						City				FL	Zip Cod	e
			ement for the	purpose of changing its	registere	ed office o	r register	ed agent, or bo	th, in the State of		- 1	and accept
the obligat	tions of registere	ed agent.										
SIGNATURE	Signature, typed or s	orinted name of regist	ered agent and title	of applicable. (NOT	E: Registere	d Agent signal	ure required	when reinstating)		DATE		
	•••••••••••••••••••••••••••••••••••••••		•									•
	E NOWIII F ay 1, 2005 I			9. Election Campa Trust Fund Conf		cing		00 May Be ed to Fees				
10.		OFFICE	RS AND DIRE	CTORS	11.			ADDITIONS/	CHANGES TO C	FEICERS AN	D DIRECTOR	S IN 11
TITLE				☐ Delete	TITLE		P/D				☐ Change	Addition
NAME					NAM		Bru 110	ce Rob	inson sius Ro	a 4		*-=
STREET ADDRESS CITY-ST-ZIP					4	ET ADDRESS -ST-ZIP		ksonvi			>6	
TITLE				☐ Delete	TITLE		S/T		<u> </u>		☐ Change	X Addition
NAME			-	_ 55556	NAM		Lee	Ann Ke	lley			
STREET ADDRESS CITY-ST-ZIP	1					ET ADORESS	217	0 GSBN	#64E			
	<u> </u>				_	·ST-ZIP	Nap	les F	L 3410	2		
TITLE NAME	, -	-		☐ Delete	TITLE NAMI						☐ Change	Addition
STREET ADDRESS						et address	İ					
CITY-ST-ZIP					CITY	-ST-ZIP						
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NAME Street address					NAM	et address						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLE					•	☐ Change	Addition
NAME					NAMI							
STREET ADDRESS CITY-ST-ZIP						et address -st-zip						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME					NAM				4			
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	I				CITY-	-ST-ZIP	ł					

12. I hereby certify that the information supplied with this filling 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 of 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 trospec 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR