


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90393 044 \*\*\*150.00

**DOCUMENT # P04000172872**

1. Entity Name  
**TERENCE G. VANE, JR., P.A.**



Principal Place of Business  
**BLACKSTONE BUILDING  
 SUITE 620 233 EAST BAY STREET  
 JACKSONVILLE, FL 32202**

Mailing Address  
**BLACKSTONE BUILDING  
 SUITE 620 233 EAST BAY STREET  
 JACKSONVILLE, FL 32202**

**30038707**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**20-2070687**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**VANE, TERENCE G JR  
 BLACKSTONE BUILDING  
 SUITE 620 233 EAST BAY STREET  
 JACKSONVILLE, FL 32202**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VANE, TERENCE G JR</b> <b>BLACKSTONE BLDG. STE. 620 233 EBAY STREET</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 its 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: Terence G. Vane, Jr. **TERENCE G. VANE, JR.** 4.18.05 904-353-8285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #