


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000012003 1. Entity Name MCCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY, P.A.	
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Principal Place of Business 2400 SE FEDERAL HWY 4TH FLOOR STUART, FL 34994 US	Mailing Address 2400 SE FEDERAL HWY 4TH FLOOR STUART, FL 34994 US
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01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0374285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SUMMERS, ROBERT P. 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34996
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, TERENCE P. 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUMMERS, ROBERT P 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOBKO, NOEL 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STEVEN, PERRY L 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP WOOD, STEVEN 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP SAWYER, THOMAS 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	ROBERT P. SUMMERS	11/27/05	286-1700
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>