2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90082 009 ***150.00

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1. Entity Name
NORTH FLORIDA CORPORATION

Principal Place of Business	Mailing Address
442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32086 US	442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32086 US

03142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2225 A1A South	P.O. Box 840100
~~Suite, Apt. #, etc.~~ C-8	Suite, Apt. #, etc.
City & State: St Augustine Florida	City & State: St. Augustine, Florida
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. FEI Number: 59-3189349 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRUSH, JOAN M 442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32086	Name: W. STEVE SYKES Street Address (P.O. Box Number is Not Acceptable): 2225 A1A South Suite C-8 City: St Augustine FL Zip Code: 32080

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: W. STEVE SYKES, V.P. 4/12/2005
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS BRUSH, JOAN M 442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32086	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLE, SCOTT III 311 WEFF RD ST AUGUSTINE, FL 32084	☐ Delete	P Cole, Scott III P.O. Box 840100 St Augustine, fl 32080	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VPTS W. STEVE SYKES P.O. Box 840100 St Augustine, fl 32080	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 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: W. STEVE SYKES, V.P. 4/12/2005 (904) 461-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #