>2005 FOR PROFIT CORPORATION

Jan 18, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P93000057798 JAY CRUMP O.D., P.A. Principal Place of Business Mailing Address 1411 S. 14TH ST 1411 S. 14TH ST SUITE G SUITE G FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 HS 01122005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0435753 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CRUMP, PARNELL J JR. DO NOT WRITE 1411 S. 14TH ST STE G IN THIS SPACE FERNANDINA BEACH, FL 32034 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Regist 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PTSD TITLE M00000183035 01/19/05-80051-021 150.00 NAME CRUMP, PARNELL J JR. STREET ADDRESS 1411 S. 14TH ST- STE G FERNANDÍÑA BEÁCH, FL 32034 CITY - ST - ZIP VP TITLE NAME CRUMP, JULIETTE C STREET ADDRESS 1411 S 14TH STREET STE G CITY-ST-ZIP FERNANDINA BEACH, FL 32034 TITLE STREET ADDRESS DO NOT WRITE CITY -ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 effect 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 addition with all other the amount of the receiver or trustee empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

arnell

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