2005 FOR PROFIT CORPORATION ANNUAL REPORT

AGRAY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED Apr 02, 2005 08:00 AM Secretary of State

904-636-0202

					A S P I O Z	, = 000
DOCUMENT # P93000063144 1. Enlity Name GARY A. BUBB, P.A.		14			Seci	retary of Stat
6028 CHESTER AVE. P 205 6		Mailing Address PMB #12 6120 10 POWERS AVE JÄCKSONVILLE, FL 32217	US	1 70011707 110 1211	i (NAKON IIINI AKAN KININ KININDI IN INGI
С	OO NOT WRITE 6. Name and Address of Current Reg	CE	03312005 No Chg-P CR2E034 (10/03) 4. FEI Number			
BUBB, GARY A 6975 ALMOURS DR. JACKSONVILLE, FL 32217			DO NOT WRITE IN THIS SPACE			
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 of applicable. (NOTE, Registered Agent signature required when renstating) DATE						
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			, m	00 May Be ad to Fees		
10.	OFFICERS AND DIR	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBB, GARY A 6975 ALMOURS DR. JACKSONVILLE, FL 32217				a (consequence) and an are	4-5-8-7
TITLE NAME STREET ADDRESS CITY-ST-ZIP				(000000284 04/02/05-800	1787)19-007 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO N	IOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IIS SPA	CE
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corp changed,	ertify that the information supplied with this on this report or supplemental report is frue poration or the receiver or trackee empower or on an attachment with an address, with	filing does not qualify for the exer and accurate and that my signated to execute this report as requir all other like empowered.	inption stated in Secure shall have the state of the stat	tion 119.07(3)(i), Flame legal effect as Florida Statutes; an	orida Statutes I furthe if made under oath; tr nd that my name appe	or certify that the information that I am an officer or director that I man an officer or Block 11 if