2005 FOR PROFFT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 08:00 AM Secretary of State

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1. Entity Name	MENT # P930000819 SLAND REALTY OF FLORID				Secretary of State
1325 ATLAN	e of Business TIC AVE. BEACH, FL 32034 US	Mailing Address PO BOX 706 FERNANDINA BEACH, FL 3203	35 US		
D	O NOT WRITE	IN THIS SPA	01122005 No Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent					
MOCK, WILLIAM J JR 1325 ATLANTIC AVE. FERNANDINA BEACH, FL 32034			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. lyped 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 Finar Trust Fund Contribution.			ncing \$5	.00 May Be ded to Fees	
10.	OFFICERS AND DI	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOCK, WILLIAM J JR. 1325 ATLANTIC AVE. FERNANDINA BEACH, FL 32034				U00000289219 U4/06/05-80016-011 150.00
TITLE NAME STREET ADDRESS CITY-SY-ZIP		g			
name Street Address City-51-Zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CATY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

44105

904-2618833

Daylime Phone #