2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Mar 07, 2005 08:00		
1. Entity Name	MENT # P940000371	15			Sec	retary of State	
3607 OCEAN	Principal Place of Business Mailing Address 3607 OCEAN DR S 3607 OCEAN DR S JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 3:		250				
D	O NOT WRITE		CE	01282005 4. FEI Numb 59-324	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALL, JOHN S ONE INDEPENDENT DR SUITE 2600 JACKSONVILLE, FL 32202 8. The above named entity submits this statement for the purpose of changing its register			ad office or requir	IN ⁻	NOT WI	ACE	
	ions of registered agent. Signature, typed or printed name of registered agent and		ed Office of Tagra ed Agent signature requ			DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campalgn Fina Trust Fund Contribution.		5.00 May Be dded to Fees			
TO. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE D MCCARTHY, DENNIS E 3607 OCEAN DR S JACKSONVILLE BEACH, FL 3225	-			000000 03/07/05- NOT W THIS SP		
TITLE NAME STREET ADDRESS							

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR