

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90007 010 \*\*\*150.00

<b>DOCUMENT # P94000094141</b>			
<b>1. Entity Name</b> GORDON HARGROVE & JAMES, P.A.			
<b>Principal Place of Business</b> 500 E. BROWARD BLVD. SUITE 1000 FORT LAUDERDALE, FL 33394		<b>Mailing Address</b> 500 E. BROWARD BLVD. SUITE 1000 FORT LAUDERDALE, FL 33394	
<b>2. Principal Place of Business</b> 2400 E. Commercial Blvd.		<b>3. Mailing Address</b> 2400 E. Commercial Blvd.	
Suite, Apt. #, etc. <b>Suite 1100</b>		Suite, Apt. #, etc. <b>Suite 1100</b>	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33308</b>		Zip <b>33308</b>	
Country <b>USA</b>		Country <b>USA</b>	
<b>4. FEI Number</b> <b>65-0541803</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> HARGROVE, JOHN R 500 E. BROWARD BLVD. SUITE 1000 FORT LAUDERDALE, FL 33394		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>2400 E. Commercial Blvd., Suite 1100</b> City <b>Ft. Lauderdale</b>	
State <b>FL</b>		Zip Code <b>33308</b>	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable.			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARGROVE, JOHN R 500 E. BROWARD BLVD. FORT LAUDERDALE, FL 33394	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMES, GORDON III 500 E. BROWARD BLVD. FORT LAUDERDALE, FL 33394	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 E. Commercial Blvd., Suite 1100 Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 E. Commercial Blvd., Suite 1100 Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 E. Commercial Blvd., Suite 1100 Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 E. Commercial Blvd., Suite 1100 Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 E. Commercial Blvd., Suite 1100 Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>		<b>JOHN R. HARGROVE</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>5/25/05</b> Daytime Phone # <b>954.958.2500</b>	