


T. Roberts MAY 17 2005

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-13-2005 90034 047 \*\*\*150.00  
P96000029483

FILED  
05 MAY -11 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P96000029483</b>					
1. Entity Name <b>SOUTHEND REDEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216</b>			Mailing Address <b>1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3374090</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMITH, BERNARD 1 SLEIMAN PARKWAY SUITE 280 JACKSONVILLE, FL 32216</b>			Name <b>Peter D. Sleiman</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1 Sleiman Parkway</b>		
			Suite 270		
			City <b>Jacksonville</b> FL Zip Code <b>32216</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.					
SIGNATURE: <u>Peter D. Sleiman</u> 1-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, PETER D 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, ELI T JR 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, JOSEPH E 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, BERNARD E 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, or all other like empowered.					
SIGNATURE: <u>Peter D. Sleiman</u>		Date: <u>1/19/05</u>		Daytime Phone #: <u>904/731-8806</u>	