


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90312 020 \*\*\*193.75

**DOCUMENT # P96000046610**  
 1. Entity Name  
**ESPOSITO, CHEEK & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**4540 SOUTHSIDE BLVD.**      **4540 SOUTHSIDE BLVD.**  
**STE. 502**      **STE. 502**  
**JACKSONVILLE, FL 32216 US**      **JACKSONVILLE, FL 32216 US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

20050104



04182005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3383312**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**SANDS, J. KEITH M**  
**6821 SOUTHPOINT DRIVE, N.**  
**SUITE 228**  
**JACKSONVILLE, FL 32216**

**7. Name and Address of New Registered Agent**  
 Name **ROBERT J. ESPOSITO, II**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4540 SOUTHSIDE BLVD., SUITE 502**  
 City **JACKSONVILLE**      FL      Zip Code **32216**

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]* **ROBERT J. ESPOSITO II**      DATE **4.18.05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ESPOSITO, ROBERT	
STREET ADDRESS	4540 SOUTHSIDE BLVD., STE 502	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEEK, FRED	
STREET ADDRESS	4540 SOUTHSIDE BLVD., STE 502	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **ROBERT J. ESPOSITO II**      DATE **4.18.05**      904 6416649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #