


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000078255
 1. Entity Name
 1306 THOMASVILLE ROAD, INC.



Principal Place of Business 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	Mailing Address 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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01042005 No Chg-P CR2E034 (10/03)

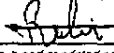
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3402941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOYLE, ROBIN B
 3110 CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308

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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, typed 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 Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD LANE, RANDALL B 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST BOYLE, ROBIN B 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITTLEFIELD, GERALDINE A.V. 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANE, SUZANNE R 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYLE, ROBIN B 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/13/05-80010-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robin Boyle Robin Boyle, VP 4/13/05 850-386-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #