2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR):

Aug 24, 2005 8:00 am Secretary of State **DOCUMENT # P96000081961** 07-29-2005 90011 041 ***150.00 1. Entity Name J. DAVID KERCE, P.A. Principal Place of Business Mailing Address 66026355 210 S. BEACH STREET SUITE 200B DAYTONA BEACH FL 32115 P.O. BOX 470 DAYTONA BEACH FL 32115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State Applied For 4. FEI Number 59-3437700 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KERCE, J. DAVID 210 S. BEACH STREET SUITE 2008 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32115 CIN Zip Code 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 3 (NOTE Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KERCE, DAVID J. NAME 210 S BEACH ST SUITE 200B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY- 51-21P CITY-ST-ZIP TILE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP... CITY-ST-7IP TITLE ☐ Celete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP . CITY - ST-ZIP 12. Thereby 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 each, that I am an officer or director of the corporation or the receiver or picted 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. J. DAVID KERCE SIGNATURE: _ 386258-0073 3-1-05 REPRANE OF SIGNING OFFICER OR DIRECTOR

FILED

J. DAVID KERCE, P.A.

ATTACHMENT (CLO) 26355

210 South Beach Street, Suite 200, Post Office Box 470 Daytona Beach, Florida 32115 Tel: (386) 258-0073 Fax: (386) 258-1331 www.davidkerce.com Email: dkerce@cfl.rr.com

August 18, 2005

ATTORNEY & COUNSELOR AT LAW,

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: J. David Kerce, P.A. P96000081961

Dear Madam/Sir:

I am in receipt of your correspondence regarding our late filing of the annual report/uniform business report. Please be advised that this form was filed on March 1, 2005. Upon receipt of your notice of non-file, I resent the form with another draft in the amount of \$150.00 on or about June 5, 2005.

To date, the original draft has not cleared our bank. Please accept this correspondence as a request of waiver for non-receipt. I again enclose a copy of the original report to assist in completing the matter. Please do not hesitate to contact me should you require any additional information or assistance.

Respectfully submitted,

J. DAVID KERCE, P.A.

Anne-Marie Kerce

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Enclosure: report

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