


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000000122
1. Entity Name
CREEL, BRYAN & GALLAGHER, P.A.



Principal Place of Business: 45 BEAL PKWY, FT WALTON BEACH, FL 32548 US
Mailing Address: P.O. BOX 1600, FT WALTON BEACH, FL 32549 US



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3433937 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARKER, GENE G
45 BEAL PARKWAY
FT WALTON BEACH, FL 32548

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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: _____ (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: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAY, J S
STREET ADDRESS	36474A EMERALD COAST PKWY, #1201
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	D
NAME	HENDERSON, JOSEPH W
STREET ADDRESS	45 BEAL PARKWAY N E
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	D
NAME	CUMMINS, MARJORIE L
STREET ADDRESS	45 BEAL PARKWAY N E
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	D
NAME	BARKER, GENE G
STREET ADDRESS	45 BEAL PARKWAY N E
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/05-80040-006 150.00
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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)(b), 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] 4/25/05 850-244-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #