2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 08:00 AM Secretary of State

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DOCU	MENT # P97000007035	A			Se	ecretary of St	tat	
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	the second secon			59-353		Not Appli		
	<u> </u>			5. Certificate	of Status Desired	Fee Required		
	6. Name and Address of Current Registered Ag	pent	CONTRACTOR				***	
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	SMOAK, DAVIS & NIXON CPA			DO NOT WRITE				
	1514 NIRA STREET JACKSONVILLE, FL 32207				THIS SF	ACE		
		137			•			
	named entity submits this statement for the purpose	of changing its registered office	ce or registe	red agent, or bo	th, in the State of Flo	orida. I am familiar with, and ac	ccept	
the obligat	ions of registered agent.	·	=					
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered Agent	signature require	d when reinstating)		DATE	-	
				<u> </u>				
		lection Campaign Financing rust Fund Contribution.	☐ Add	.00 May Be led to Fees	In accordance v corporation did	with s. 607.193(2)(b), F.S., to not receive the prior notice.	the ·	
10.	OFFICERS AND DIRECTORS		, a same same si				#### X	
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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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05 273-19