## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## **FILED** Mar 21, 2005 08:00 AM **Secretary of State**

IN THIS SPACE

| 1. Entity Nan  | MENT # P9700000778<br>RIE O'DELL, P.A.   | 35                             |   |                         | Secret     | tary of State   |
|--|--|--------------------------------|---|-------------------------|------------|---|
| Principal Place of Business Mailing Address  155 ELMWOOD DRIVE 155 ELMWOOD DRIVE JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259   |  |                                |   |                         |            |   |
| DO NOT WRITE IN THIS SPA   |  |                                | CE  |                         | o Chg-P CF | Applied For Not Applicable \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent  DONALD W. DUNCAN, P.A. 25 FLORIDA PARK DR PALM COAST, FL 32137   8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. |  |                                | DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept |                         |            |   |
| SIGNATURE  | Signature, typed or printed name of registered agent and the                   | if applicable (NOTE, Registere | d Agent signature required  | when roinstating) -     | , 04       | NTE   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribut   |  |                                | ncing \$5.  | 00 May Be<br>ed to Fees |            |   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DIRECT D ODELL, VERDERIE 155 ELMWOOD DRIVE JACKSONVILLE, FL 32259 | CTORS                          |   | 03                      |            | 115<br>34-015 150.00                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                |   | DO NO                   | OT WRI     | TE  |

12. I hereby certify that the information supplied with this filling 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.

3-18-05 90<u>4-287-9843</u>