


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000108507  
 1. Entity Name  
 2525 OLD FARM ROAD, INC.



Principal Place of Business  
 1801 HERMITAGE BLVD, SUITE 600  
 TALLAHASSEE, FL 32308

Mailing Address  
 1801 HERMITAGE BLVD, SUITE 600  
 TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 75-2751396 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
 Fees Required

6. Name and Address of Current Registered Agent  
 TODD, DAVID E  
 1801 HERMITAGE BLVD, SUITE 100  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GANDREWS 8750 N CENTRAL EXPRESSWAY, STE 800 DALLAX, TX 75237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS WEAVER, REGINA 8750 N. CENTRAL EXPWY DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMITH, JEFFREY 1801 HERMITAGE BLVD #600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS 1801 HERMITAGE BLVD, SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULTON, WILLIAM L 8750 N. CETRAL EXPY 800 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FARALDO, MARK P 8750 N CENTRAL EXPRESSWAY #800 DALLAS, TX 75231

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 02/02/05-80015-004 150.00

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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)(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.

SIGNATURE: Mark P. Faraldo Mark P. Faraldo 1/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #