2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 08:00 AM Secretary of State

| Principal Place of Business Mailing Address 1050 RIVERSIDE AVE. 1050 RIVERSIDE AVE. JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 | |
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| | ed For pplicable |
| SMATHERS & SMATHERS, P.A. 1050 RIVERSIDE AVE. JACKSONVILLE, FL 32204 DO NOT WRITE IN THIS SPACE | |
| 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 the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE | d accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | |
| 10. OFF)CERS AND DIRECTORS ITITLE P NAME SMOTHERS, BRUCE A STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 ITITLE NAME STREET ADDRESS CITY-ST-ZIP | 00 |
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| 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 infor 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name propagation Block 10 or Block and an address, with all other like empowered. | nation lirector ick 11 if |
| SIGNATURE: TOTALS TOTALS OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR DIRE | |