


**2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90030 023 ***150.00

DOCUMENT # p98000055620	
1. Entity Name SEVEN SEVENTEEN HB JACKSONVILLE CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11330 OLIVE ST. RD.		3. Mailing Address 11330 OLIVE ST. RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST LOUIS MO		City & State ST. LOUIS MO	
Zip 63141	Country USA	Zip 63141	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3519917		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City FL	Zip Code

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KUMMER FRED S 11330 OLIVE ST. RD. ST. LOUIS MO 63141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KUMMER JUNE M 11330 OLIVE ST RD ST LOUIS MO 63141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **GREG BECK**
EXEC VP / CFO
3/18/05 314-567-9000
Daytime Phone #