2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091159

Entity Name: CARON SPEAS, P.A.

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

605 FRONT STREET 613 ST. JOHNS AVENUE WELAKA, FL 321930089

SUITE 203

PALATKA, FL 32177

Current Mailing Address: New Mailing Address:

613 ST. JOHNS AVENUE **PO BOX 89** WELAKA, FL 321930089

SUITE 203

PALATKA, FL 32177

FEI Number: 59-3538312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPEAS, CARON SPEAS, CARON 613 ST. JOHNS AVENUE 407 FRONT ST

WELAKA, FL 321930089 US SUITE 203 PALATKA, FL 32177 US

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.

SIGNATURE: CARON SPEAS 04/21/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SPEAS, CARON Name: Name: SPEAS, CARON

613 ST. JOHNS AVENUE, SUITE 203 407 FRONT STREET Address: Address:

City-St-Zip: WELAKA, FL 32193 City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARON SPEAS PTD 04/21/2005