2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 11, 2005 08:00 AM Secretary of State

| DOCUMENT # P98000108266 1. Entity Name JAMES O. CORBETT, INC. | | | | | Sec | retary of State |
|--|--|---|---|---|--|--|
| , | e of Business TY ROAD 44 WEST 32726 | Mailing Address 2151 COUNTY ROAD 44 WEST EUSTIS, FL 32726 | | | 1101 3011 WWW. | l han naith leise hhit ainid naind i leaf |
| | 1 | | | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 02212005 4. FEI Number | No Chg-P | CR2E034 (10/03) Applied For |
| | | | | 59-35526 5. Certificate of | | Not Applicable \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Re | gistered Agent | | | | |
| CORBETT, JAMES O 2151 COUNTY ROAD 44 WEST EUSTIS, FL 32726 | | | 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 the obligations of registered agent. SIGNATURE Signature, typed of binted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | in the State of Flor | ida. I am familiar with, and accept B/S/05 |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | .00 May Be ed to Fees | | |
| 10. TITLE | _ OFFICERS AND DI | RECTORS | | 2.37 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | CORBETT, JAMES O 2141 COUNTY ROAD 44 WEST EUSTIS, FL 32726 | | | | Hanaan | DECORPO |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FRANCE, SUSAN A 33999 CR 44B EUSTIS, FL 32726 | | | , <u> </u> | 000000 03711705-1 | 258998 80007-002 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <u></u> | | VOT W | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <u> </u> | | HIS SP | ACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <u>-i</u> | _ _ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | | | · · · · |
| 12. I hereby of indicated of the conchanged | certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, will be a supplemental to the control of th | s filing does not qualify for the exer e and accurate and that my signat red to execute this report as requir all other the amnowared. | nption stated in Se ure shall have the s red by Chapter 607 | ction 119.07(3)(i), i same legal effect a , Florida Statutes; | Florida Statutes. I t is if made under or and that my name | urther certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if |