


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000032712 1. Entity Name RESOURCES OF EASTERN FLORIDA, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 1519 19TH PLACE VERO BEACH, FL 32961 | Mailing Address PO BOX 998 VERO BEACH, FL 32961-0998 |
|--|--|

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0924529 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GRAVES, W.C. IV
6655 8TH STREET
VERO BEACH, FL 32968**

**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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000327220 03/01/05-80013-015 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP GRAVES, W C IV PO BOX 998 VERO BEACH, FL 32961 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ZIEGLER, MICHEAL R 3375 12TH ST VERO BEACH, FL 32960 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: *W.C. Graves, Jr. - Vice Pres* *W.C. Graves, Jr. - Vice Pres* *2/18/05* *772-564-5737*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #