2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

| DOCUMENT # P99000095145 1. Entity Name HENRY F. THOMAS, P.A. | | | | Secretary of State |
|---|--|---|-----------------------|--|
| Principal Place of Business Mailing Address | | | · · · · · · · | |
| 3325-F HENDRICKS AVE. 3325-F HENDRICKS AVE. | | | | |
| JACKSONVILL | .E, FL 32207 | JACKSONVILLE, FL 32207 | | |
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| * | | | | 02012005 No Chg-P CR2E034 (10/03) |
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| 9.4 | | THE RESIDENCE OF STREET | Peril Bear | 4. FEI Number Applied For Not Applicable |
| | | | | ¢0.75 |
| | | | | 5. Certificate of Status Desired |
| 6. Name and Address of Current Registered Agent | | | | |
| RIDGE, GI | EORGE E | <u>*</u> | | DO NOT WRITE |
| 1200 SUNTRUST BANK BLDG,200 WEST FORSYTH | | | | DO NOT WHILE |
| JACKSONVILLE, FL 32202 | | | | IN THIS SPACE |
| | | | { | THE RESERVE TO THE PROPERTY OF |
| | | | | |
| | named entity submits this statement for t lons of registered agen | he purpose of changing its register | ed office or register | red agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of registered agents | | | | |
| SIGNATURE Sonature, typed phornted name of registered agent and title displosable. (NOTE Registered Agent signature required when renstating) DATE | | | | |
| September, When plays it is a superior of the | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | .00 May Be ed to Fees |
| 10. | OFFICERS AND D | RECTORS | 1 1 1 7 1 1 1 7 | |
| TITLE NAME | D THOMAS, HENRY F | | F · · · | The state of the s |
| NAMIL STREET ADDRESS | 3325 HENDRICKS AVE. STE B | | | Emphasis and American |
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| 12. Thereby 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 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 Statules, 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. | | | | |