


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-25-2005 90029 009 ***150.00

DOCUMENT # P99000099931 1. Entity Name NORTH FLORIDA REGIONAL ADVERTISING FUND, INC.					
Principal Place of Business 1000 112TH CIR. N., #1400 ST PETERSBURG, FL 33716				Mailing Address 1000 112TH CIR. N., #1400 ST PETERSBURG, FL 33716	
2. Principal Place of Business <i>13041 AUTOMOBILE BLVD</i>		3. Mailing Address <i>P.O. BOX 17730</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>CLEARWATER FL</i>		City & State <i>CLEARWATER FL</i>		4. FEI Number 59-3608032	
Zip <i>33762</i>		Country <i>USA</i>		Applied For Not Applicable	
Zip <i>33762</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANOVICH, ANDREA 1000 112TH CIR. N., #1400 ST PETERSBURG, FL 33716				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>13041 AUTOMOBILE BLVD</i> City <i>CLEARWATER</i> <i>FL</i> Zip Code <i>33762</i>	
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 <i>Andrea Stanovich</i> <i>ANDREA STANOVICH</i> <i>3/23/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOBBE, CHARLES W 4512 MARLIN LANE PALMETTO, FL 34221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANOVICH, ANDREA 442 TUNA CT OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Andrea Stanovich</i> <i>ANDREA STANOVICH</i> <i>3/23/05</i> <i>727-451-0700</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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