2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 13, 2005 08:00 AM **Secretary of State** DOCUMENT # S58540 . . . 1. Entity Name JOHN S. CALL, JR., P.A. Principal Place of Business Mailing Address 1665 PALM BEACH LAKES_BLVD 1665 PALM BEACH LAKES BLVD SUITE 610 SUITE 610 WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEL Number 65-0264748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALL, JOHN S. JR -DO NOT WRITE 1665 PALM BEACH LAKES BLVD SUITE 610 IN THIS SPACE WEST PALM BEACH, FL 33401 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. Signature, typed or printed name of registered agent and little if applicable T(NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS D TITLE NAME CALL, JOHN S. JR STREET ADDRESS 1665 PALM BEACH LAKES BLVD STE 610 CITY-ST-ZIP WEST PALM BEACH, FL 33401 U00000180103 01/13/05-80044-013 150.00 MARKE STREET ADDRESS CITY-ST-ZIP NAM: STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP NAME STREET ADDRESS

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: _

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05

561-478-7755

Daytme Phone #

FILED