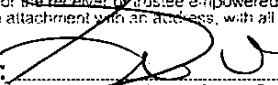


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90058 028 ***150.00

DOCUMENT # S78032			
1. Entity Name GLORIA W. FLETCHER, P.A.			
Principal Place of Business 719 NE FIRST ST. GAINESVILLE, FL 32601 US		Mailing Address 719 N.E. 1ST STREET GAINESVILLE, FL 32601	
2. Principal Place of Business 132 N.W. 76th Drive Suite B Gainesville Florida 32607 USA		3. Mailing Address 132 N.W. 76th Drive Suite B Gainesville Florida 32607 USA	
4. FEI Number 59-3083442		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04062005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FLETCHER, GLORIA W. 719 N.E. 1ST STREET GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 132 N.W. 76th Drive Suite B Gainesville FL 32607	
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 registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005, Fee will be \$550.00			
9. Election Campaign Financing ☒ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP FLETCHER, GLORIA W. 719 N.E. 1ST ST. GAINESVILLE, FL	☐ Delete	☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 132 NW 76th Drive Suite B Gainesville FL 32607	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 entered.			
SIGNATURE: 		Gloria W. Fletcher Date 4/6/05 Daytime Phone # 352 374 4007	