


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # V53610</b> 1. Entity Name <b>NEXTRAN CORPORATION</b>	
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FILED  
 05 NOV 29 AM 12: 59  
 SEC. OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>1986 W. BEAVER STREET                  JACKSONVILLE, FL 32209</b>	Mailing Address <b>P.O. BOX 2880                  JACKSONVILLE, FL 32203</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11082005 Chg-P CR2E034 (10/03)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-3139839</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>SMITH HULSEY &amp; BUSEY                  1800 FIRST UNION NATIONAL BANK TOWER                  225 WATER STREET                  JACKSONVILLE, FL 32202</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 reinstating) DATE \_\_\_\_\_

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	PRITCHETT, MARVIN H.
STREET ADDRESS	HIGHWAY 100
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	PCEO <input type="checkbox"/> Delete
NAME	PRITCHETT, JON W.
STREET ADDRESS	5213 S.W. 94TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	S <input type="checkbox"/> Delete
NAME	PRITCHETT, JON W.
STREET ADDRESS	5213 S.W. 94TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	CFO <input type="checkbox"/> Delete
NAME	PEREZ, STEVE F
STREET ADDRESS	1986 W BEAVER STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>600061758676</b>
STREET ADDRESS	<b>11/29/05--01060--016 **\$1.25</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Ussery, Jim
CITY-ST-ZIP	7810 Adamo Drive Tampa, FL 33619
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Brown, Charles
CITY-ST-ZIP	2200 West Landstreet Road Orlando, FL 32809

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steve F. Perez  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/21/05 Daytime Phone #: 904-854-3721

*Steve F. Perez*