

2005 FOR PROFIT CORPORATION ANNUAL REPORT

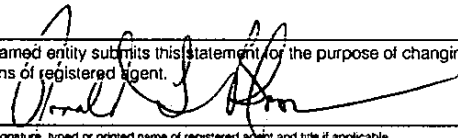
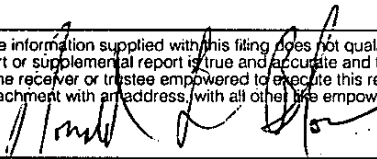
FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90041 023 ***150.00

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01122005 Chg-P CR2E034 (10/03)

DOCUMENT # 677953			
1. Entity Name RONALD L. BLOOM, P.A.			
Principal Place of Business 1301 RIVERPLACE BLVD SUITE 2220 JACKSONVILLE, FL 32207 US		Mailing Address 1301 RIVERPLACE BLVD SUITE 2220 JACKSONVILLE, FL 32207 US	
2. Principal Place of Business 1301 RIVERPLACE BLVD Suite, Apt. #, etc. SUITE 1630		3. Mailing Address 1301 RIVERPLACE BLVD Suite, Apt. #, etc. SUITE 1630	
City & State JACKSONVILLE FL Zip 32207 Country		City & State JACKSONVILLE FL Zip 32207 Country	
4. FEI Number 59-2019179		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, RONALD L. 1301 RIVERPLACE BLVD SUITE 2220 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name BLOOM, RONALD L. Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD SUITE 1630 City JACKSONVILLE FL Zip Code 32207	
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  DATE 1/12/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP BLOOM, RONALD L. 1301 RIVERPLACE BLVD SUITE 2220 JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BLOOM, RONALD L. 1301 RIVERPLACE BLVD SUITE 1630 JACKSONVILLE FL 32207 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLOOM, RONALD L. 1301 RIVERPLACE BLVD SUITE 2220 JACKSONVILLE, FL ☒ 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
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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 life empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		RONALD L. Bloom 1/12/05 904-396-9696 Date Daytime Phone #	