2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90009 001 ****61.25

DOCUMENT # 741809

1. Entity Name
DECORATIVE ARTISTS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
7509 OLD PLANK RD JACKCONVILLE, FL 32210 US	P.O. BOX 10975 JACKSONVILLE, FL 32247 US

03142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7633 Las Palmas Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAY FL	City & State
Zip: 32565 Country: DUVAL	Zip Country

4. FEI Number: 59-1795321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIXON, MYRA N 8493 RUCKMAN AVE JACKSONVILLE, FL 32221	Name: Paula Derrick Street Address (P.O. Box Number is Not Acceptable): 7633 Las Palmas Way City: JAY FL **FL** Zip Code: 32565

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: Paula Derrick 4/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when obtaining) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PITTMAN, YVONNE 7509 OLD PLANK RD JACKSONVILLE, FL 322202714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Zamoiski, Theresa 8501 Rock Knoll Dr Jacksonville FL 32221	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIXON, NELL 8493 RUCKMAN AVE JACKSONVILLE, FL 32221	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Derrick, Paula 7633 Las Palmas Way Jay FL 32565	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV THIGPEN, ROSEMARY 12353 WOODSIDE LANE JACKSONVILLE, FL 32223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Kennedy, Wendy 2229 Captain Kidd Dr Fernandina Beach, FL 32034	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, DIANE 3547 VONTZ WAY CALLAHAN, FL 32011	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Smith, Kaye 12869 Winthrop Cove Dr Jay FL 32224	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, SHARON P.O. BOX 5 BRYCEVILLE, FL 32009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd DV Terri French 1247 Quail Roost Ln Jay FL 32220	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, WENDY 2229 CAPITAIN KIDD DR FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Short, Larraine 275 Ranch Rd Ponte Vedra Beach FL 32082	☑ 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 617, 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: Paula Derrick Paula Derrick 4/12/04 904 731 1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #