

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90026 027 ****61.25

DOCUMENT # 761640

1. Entity Name
LES CHATEAUX OF JACKSONVILLE, INC.



Principal Place of Business
**7201 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**

Mailing Address
**7201 ARLINGTON EXPRESSWAY
ATT OFFICE
JACKSONVILLE, FL 32211**

44021424



03062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2221206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WESTLING, DALE G
331 E UNION STREET
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Handwritten Signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, MICHAEL L 7201 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 322115973 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REESE, CHARLES 7201 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 322115973 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISP, GLENDA 7201 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 322115973 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, LINDSEY 7201 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 322115973 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODGERS, SEAN 7201 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 322115973 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten Date

Date

Daytime Phone #

Handwritten Phone Number