


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 761954 1. Entity Name OLD STANTON, INC.	
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Principal Place of Business 2787 PERCY ROAD JACKSONVILLE, FL 32218	Mailing Address 2787 PERCY ROAD JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE



07132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2230026	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MITCHELL, ROBERT L. 2787 PERCY ROAD JACKSONVILLE, FL 32218	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC MITCHELL, ROBERT L. 2787 PERCY ROAD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AIKENS, CHESTER A. 305 E. UNION STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMMONS, CHARLES E., JR 1980 W EDGEWOOD AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCINTOSH, C.B. 4063 RIBAUT RIVER LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIRARDEAU, ARNETT E 4215 RIBAUT RIVER LANE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLENSON-WILLIAMS, PRISCILLA 2421 ST. LEDGER DRIVE JACKSONVILLE, FL 32209

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07/28/04-80004-016 70.00

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IN THIS SPACE**

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 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: <u>Robert L. Mitchell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7-26-04</u> <small>Date</small>	<u>(904) 768-4835</u> <small>Daytime Phone #</small>
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