


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90451 027 \*\*\*150.00

DOCUMENT # F96000000938					
1. Entity Name SPECIAL COUNSEL, INC.					
Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 US			Mailing Address ATTN: GERALD ROBINSON ONE INDEPENDENT DR JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1736703	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEWAN, DEREK E		NAME		
STREET ADDRESS	ONE INDEPENDENT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	AVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, GERALD		NAME		
STREET ADDRESS	ONE INDEPENDENT DT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, JOHN		NAME		
STREET ADDRESS	ONE INDEPENDENT DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <i>Gerald Robinson</i>		Gerald Robinson		4-19-04 904-360-2704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



01062004 Chg-P CR2E034 (10/03)

*Please see attached*

ATTACHMENT

44036224  
F 96000000938

**Special Counsel, Inc.  
Officers and Directors**

<b>Title</b>	<b>Name</b>	<b>Business Address</b>
Sr. Vice President Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Vice President & Secretary	Greg Holland	One Independent Drive Jacksonville, FL 32202
Asst Secretary	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
President	John Marshall III	One Independent Drive Jacksonville, FL 32202
Chief Executive Officer	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
<del>VP of Taxes</del>	<del>Gerald Robinson</del>	<del>One Independent Drive Jacksonville, FL 32202</del>
Director	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director	Tyra Tutor	One Independent Drive Jacksonville, FL 32202