

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93747

Entity Name: SUDDATH DSC, INC.

FILED
Mar 04, 2004
Secretary of State

Current Principal Place of Business:

815 S. MAIN STREET
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 48088
JAX, FL 32247 US

New Mailing Address:

P O BOX 48088
JACKSONVILLE, FL 32247 US

FEI Number: 59-2656444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, JAMES G
815 S. MAIN ST.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SUDDATH, STEPHEN M
Address: 815 S. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: CFOD () Delete
Name: BARNETT, JAMES G
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: STRICKLAND, BARBARA S
Address: 815 S. MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: CEOD () Delete
Name: VAUGHN, BARRY S
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. BARNETT

CFOD

03/04/2004

Electronic Signature of Signing Officer or Director

_____ Date