

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

**FILED  
Sep 02, 2004  
Secretary of State**

DOCUMENT# N98000006674

Entity Name: HABITAT RESOURCES OF DUVAL COUNTY, INC.

**Current Principal Place of Business:**

2404 HUBBARD STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

2404 HUBBARD STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-3545174      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HONEYCUTT, JOSEPH Y  
2404 HUBBARD STREET  
JACKSONVILLE, FL 32206

**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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EVANS, J, RANDALL  
Address: 500 WATER ST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete  
Name: VONSTEIN, NEAL  
Address: 1301 RIVERSIDE BLVD, STE. 2400  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: BRADDOCK, CAROL  
Address: 1725 MEMORIAL PK DR.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: M ( ) Delete  
Name: JOHNSON, FELICIA  
Address: 2024 MEHARR AVE.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VD ( ) Delete  
Name: HONEYCUTT, JOSEPH  
Address: 2404 HUBBARD ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: M ( ) Delete  
Name: SUGAR, BRENDA  
Address: 1831 4TH ST. WEST  
City-St-Zip: JACKSONVILLE, FL 32206

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH HONEYCUTT

VD

09/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date