

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90061 050 ***150.00

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1. Entity Name
NATALIE NICE, P.A.



Principal Place of Business
**3801 CROWN POINT ROAD #2053
JACKSONVILLE, FL 32257**

Mailing Address
**3801 CROWN POINT ROAD #2053
JACKSONVILLE, FL 32257**

24033223



2. Principal Place of Business

**200 West Forsyth Street
Suite 1200**

3. Mailing Address

410 Chicora Road

City & State
Jacksonville, Florida

City & State
Waynesville, Georgia

Zip Country
32202 USA

Zip Country
31566 USA

03312004 Chg-P CR2E034 (10/03)

4. FEI Number
52-2345717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NICE, NATALIE ESQ.
3801 CROWN POINT ROAD #2053
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name **Natalie Tuttle**
Street Address (P.O. Box Number is Not Acceptable)
200 West Forsyth Street, Suite 1200
City **JACKSONVILLE, FLORIDA** FL Zip Code **32202**

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 **Natalie Tuttle** **Natalie Tuttle** **3/31/04**
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NICE, NATALIE ESQ.**
STREET ADDRESS **3801 CROWN POINT ROAD #2053**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **DIRECTOR / PRESIDENT / SEC / TREAS.** ☒ Change ☐ Addition
NAME **Natalie Tuttle**
STREET ADDRESS **410 Chicora Road**
CITY-ST-ZIP **Waynesville, GA 31566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Benjamin Tuttle**
STREET ADDRESS **410 Chicora Rd**
CITY-ST-ZIP **Waynesville, GA 31566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #