

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120826

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: LISA GAY REPORTING, INC.

**Current Principal Place of Business:**

10297 STONINGTON WAY  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

201 E. ADAMS STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

10297 STONINGTON WAY  
JACKSONVILLE, FL 32221

**New Mailing Address:**

201 E. ADAMS STREET  
JACKSONVILLE, FL 32202

FEI Number: 01-0567102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAY, LISA K  
10297 STONINGTON WAY  
JACKSONVILLE, FL 32221

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

GAY, LISA K  
201 E. ADAMS STREET  
JACKSONVILLE, FL 32202

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: LISA K. GAY

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: GAY, LISA K  
Address: 10297 STONINGTON WAY  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LISA K. GAY

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date