


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90283 048 \*\*\*150.00

**DOCUMENT # P95000051583**

1. Entity Name  
**SECRETARIES UNLIMITED, INC.**



**94054703**

Principal Place of Business  
**9428 BAYMEADOWS ROAD**  
**SUITE 120**  
**JACKSONVILLE, FL 32256**

Mailing Address  
**9428 BAYMEADOWS ROAD**  
**SUITE 120**  
**JACKSONVILLE, FL 32256**



2. Principal Place of Business  
**1300 Riverplace Blvd**  
 Suite, Apt. #, etc.  
**#300**

3. Mailing Address  
**1300 Riverplace Blvd**  
 Suite, Apt. #, etc.  
**#300**

02202004 Chg-P CR2E034 (10/03)

City & State  
**Jacksonville FL 32207**

City & State  
**Jacksonville FL 32207**

Zip Country  
**32207 USA**

Zip Country  
**32207 USA**

4. FEI Number  
**59-3328924**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BURGESS, MARGE**  
**9428 BAYMEADOWS ROAD**  
**SUITE 120**  
**JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent  
 Name  
**JACK MEEKS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1300 Riverplace Blvd**  
**#300**  
 City  
**JACKSONVILLE** FL Zip Code  
**32207**

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 obligation of registered agent.

SIGNATURE: *Jack Meeks* **PRESIDENT JACK MEEKS** **2/23/2004**  
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 P	<input type="checkbox"/> Delete	TITLE MEEKS, JACK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
		<b>1300 Riverplace Blvd #300</b>	
		<b>Jacksonville FL 32207</b>	
TITLE S	<input checked="" 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	
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: *Jack Meeks* **2/23/2004** **904-346-0046**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #