


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000081287**  
1. Entity Name  
**FERRELL COMMUNICATIONS, INC.**



Principal Place of Business      Mailing Address  
**6044 SAN JOSE  
JACKSONVILLE, FL 32257**      **6044 SAN JOSE  
JACKSONVILLE, FL 32257**

**DO NOT WRITE IN THIS SPACE**



02172004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3532043**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
  
**FERRELL, JOHN E  
4570 SPARKMAN RD  
JACKSONVILLE, FL 32258**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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**

UD00000058431  
02/20/04-80029-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRELL, JOHN E 4570 SPARKMAN RD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRELL, HELEN A 4570 SPARKMAN RD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:** *John E Ferrell*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR