

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000000829	
1. Entity Name THE DRISCOLL GROUP, INC.	

Principal Place of Business 8825 PERIMETER PARK BLVD SUITE 604 JACKSONVILLE, FL 32216 US	Mailing Address 8825 PERIMETER PARK BLVD SUITE 604 JACKSONVILLE, FL 32216 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3355139	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DRISCOLL, KEVIN
8825 PERIMETER PARK BLVD
SUITE 604
JACKSONVILLE, FL 32216**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

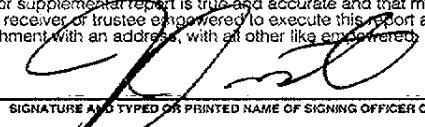
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRISCOLL, KEVIN I 10129 LAKE LAMAR CT JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, CATHERINE U 10129 LAKE LAMAR CT JACKSONVILLE, FL 32256
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IN THIS SPACE**

12. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 67, 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 amendments.

SIGNATURE:  **Kevin Driscoll** **1-7-04** **904-620-9993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #