


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 001 ***150.00

DOCUMENT # J43500
 1. Entity Name
EAST PARK, INC.



Principal Place of Business
**3300 PHILLIPS HIGHWAY
 POST OFFICE BOX 5369
 JACKSONVILLE, FL 32207**

Mailing Address
**3300 PHILLIPS HIGHWAY
 POST OFFICE BOX 5369
 JACKSONVILLE, FL 32207**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-2746517

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

MCGAHEE, SUTTON
3300 PHILLIPS HWY
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	MCGEHEE, THOMAS R. JR.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCGEHEE, SUTTON	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGEHEE, DAVID S.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	ROGERS, JONATHAN Y	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MC GEHEE, FRANK S.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sutton McGehee **Sutton McGehee** **4-23-04** **904-348-3304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #