


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-20-2004 90002 031 \*\*\*550.00

**DOCUMENT # P03000120661**  
 1. Entity Name  
**SEVEN BRIDGES PROPERTIES, INC.**



Principal Place of Business: **8493 HOLLYRIDGE ROAD JACKSONVILLE FL 32256**  
 Mailing Address: **8493 HOLLYRIDGE ROAD JACKSONVILLE FL 32256**

2. Principal Place of Business: **1645 JESSIE ST.**  
 Suite, Apt. #, etc.

3. Mailing Address: **SAME**  
 Suite, Apt. #, etc.

City & State: **JACKSONVILLE, FL**  
 Zip: **32206** Country: **US**

4. FEI Number: **20-0341992** Applied For:  Not Applicable

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



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent  
**GIANNATTASIO, DANIEL**  
**8493 HOLLYRIDGE ROAD**  
**JACKSONVILLE FL 32256**

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: *Scott Elliott* **SCOTT ELLIOTT** DATE: **6/30/4**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>DP</b> <input type="checkbox"/> Delete	NAME: <b>GIANNATTASIO, DANIEL</b>
STREET ADDRESS: <b>8493 HOLLYRIDGE ROAD</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL 32256</b>
TITLE: <b>DV</b> <input type="checkbox"/> Delete	NAME: <b>ELLIOTT, SCOTT E</b>
STREET ADDRESS: <b>8493 HOLLYRIDGE ROAD</b>	CITY-ST-ZIP: <b>JACKSONVILLE FL 32256</b>
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>1645 JESSIE ST.</b>	CITY-ST-ZIP: <b>JACKSONVILLE, FL 32206</b>
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>1645 JESSIE ST.</b>	CITY-ST-ZIP: <b>JACKSONVILLE, FL 32206</b>
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: *Scott Elliott* **SCOTT ELLIOTT** DATE: **6/30/4** 904/355-3423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #