

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 153521

1. Entity Name
ESTUARY CORPORATION



Principal Place of Business
**4310 PABLO OAKS CT.
JACKSONVILLE FLA, 32224 US**

Mailing Address
**P.O. BOX 19366
JACKSONVILLE, FL 32245-9366 US**



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6077639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKELTON, H.J.
4310 PABLO OAKS CT.
JACKSONVILLE, FL 32224**

**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

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**

**U000000111737
04/13/04-80032-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPC
NAME	DAVIS, A. DANO
STREET ADDRESS	4310 PABLO OAKS CT
CITY - ST - ZIP	JACKSONVILLE, FL 32224
TITLE	DVAS
NAME	DAVIS, ROBERT D.
STREET ADDRESS	4310 PABLO OAKS CT.
CITY - ST - ZIP	JACKSONVILLE, FL 32224
TITLE	V
NAME	THORNE, SUSAN C.
STREET ADDRESS	4310 PABLO OAKS CT.
CITY - ST - ZIP	JACKSONVILLE, FL 32224
TITLE	V
NAME	CLOWE, D.C.
STREET ADDRESS	4310 PABLO OAKS CT.
CITY - ST - ZIP	JACKSONVILLE, FL 32224
TITLE	DVT
NAME	SKELTON, H.J.
STREET ADDRESS	4310 PABLO OAKS CT.
CITY - ST - ZIP	JACKSONVILLE, FL 32224
TITLE	VAS
NAME	FRANCIS, H D
STREET ADDRESS	4310 PABLO OAKS CT.
CITY - ST - ZIP	JACKSONVILLE, FL 32224

**DO NOT WRITE
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)(f), 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: *Susan C. Thorne* **Susan C. Thorne**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/04 904/223-7480

Date

Daytime Phone #