## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2004 08:00 AM Secretary of State

1-20-04

Daytima Phone #

Date

S. Certificate of Status Desired Sta	DOCUMENT # 277447  1. Entity Name G & K REALTY, INC. OF JACKSONVILLE					Sec	retary o	f State
DO NOT WRITE IN THIS SPACE    A. FEI Number   59-1038967   Not Applicable For 1038967   Not Applicable	341 E FORS	TS HTY:	339 E FORSYTH ST	=	-			- 4 <u>4</u> <u>4</u>
MADISON, BAKER W 34 16 FORSYTH ST JACKSONVILLE, FL 32202  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 Fords, it am familiar with, and accept the colligations of registered agent, or both, in the State of Fords, it am familiar with, and accept the colligations of registered agent, or both, in the State of Fords, it am familiar with, and accept the colligations of registered agent, or both, in the State of Fords, it am familiar with, and accept the colligations of registered agent, or both, in the State of Fords, it am familiar with, and accept the colligations of registered agent, or both, in the State of Fords, it am familiar with, and accept the colligations of registered agent, or both, in the State of Fords, it am familiar with, and accept the colligations of registered agent, or both, in the State of Fords, it am familiar with, and accept the colligations of registered agent, or both, in the State of Fords, it am familiar with, and accept the collisions of registered agent, or both, in the State of Fords, it am familiar with, and accept the collisions of registered agent, or both, in the State of Fords, it am familiar with, and accept the collisions of registered agent, or both, in the State of Fords, it am familiar with, and accept the collisions of registered agent, or both, in the State of Fords, it am familiar with, and accept the collisions of registered agent, or both, in the State of Fords, in an familiar with, and accept the property and the state of Fords, in an familiar with, and accept the property and accept the property and accept the property of the pro	C		CE	01132004 4. FEI Numb 59-103	No Chg-P er 16967	CR2E034 (10	Applied For Not Applicable	
The colligations of registered agent.  SIGNATURE    Signava	3416 FOR	I, BAKER W SYTH ST						
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.	the obligat	Bulling of registered agent.	5,		·		20-64	with, and accept
ITILE MADESS SITEST ADDRESS CITY-ST-ZIP TITLE MADISON, BAKER W MADISON, BA				ncing \$5.	.00 May Be ed to Fees		•	
CITY-ST-ZIP  JACKSONVILLE, FL  DO NOT WRITE INTE INTHE INTHIS SPACE  IN THIS SPACE  INTHIS SPACE  TITLE INTHIS SPACE  THE ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-ZIP TITLE INTHIS SPACE  THE ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD MADISON, BAKER W 341 E FORSYTH ST JACKSONVILLE, FL V MADISON, BAKER W	CTORS			V00001 01/32/04-	0010497 -80034-006	150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1111LE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE, FL						
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 path; that I am an officer or director	STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS							
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	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated	on this report or supplemental report is true a	and accurate and that my signat	ure shall have the s	same legal effec	t as if made under o	ath; that I am an of	fficer or director

Pros.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_