2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2004 08:00 AM Secretary of State  Model CRECOL (1/03)  MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM Secretary of State  MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb 08:00 AM MODEL CRECOL (1/03)  Applied Feb Solution Feb Solutio	ANNUAL REPORT (AR)						FILED		
Principal Place of Business  Mailing Address Foot HOLLYRIDGE RD JACKSONVILLE FL 30256  2. Principal Pape of Business  Sulfo, Apt. 4, etc.  Cry & State  Cry & St							Feb 07, 2004 08:00 AM		
PRO1 HOLLYRIDGE RD   JACKSONVILLE FL 32258   JACKSON	RADFIEL	DS INC				19	Secretary of St	tate	
JACKSONVILLE FL 32256  2. Principal Flace of Business  3. Misling Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  SKINNER JR, R G  7 Name and Address of New Registered Agent  See Required  SREA Address (P.C. Box Numbor is Not Acceptable)  City  FLL Zin Code  8. The above named entry submits 9th statement for the purpose of crumying its registered office or registered agent, or both, in the State of Borda. I am familiar with, and accept the obligations of layer and with displacement agent agent are instituted.  City  FLL NOW!!! FEL State of Borda. I am familiar with, and accept the displacement agent agent are instituted.  City FLL NOW!!! FEL State of Borda. I am familiar with, and accept the displacement of State  Refer May 1, 2004 Fee will be \$550,00  Make Check Payable to Rordab Department of State  City City Flux Place Controllution.  State Address (P.C. Box Numbor's Not Acceptable)  State Address (P.C. Box Numbor's Not Acceptable)  State Address of New Registered Agent  The May 1, 2004 Fee will be \$550,00  Added to Fees  Added	Principal Place of Business		Mailing Address		L	7			
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City & State    Country   Zip   Country   State   State Desired   State Desired De	2. Principal Place of Business		3. Mailing Address						
Signature   Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
S. Certificate of Status Desired   S. Certificate of Status Desired   See Required   See Require	City & State		City & State			4. FEI Number 59-1140141			
SKINNER JR,R G 7601 HOLLYRIDGE RD, JACKSONVILLE FL 32256  City  FL  Zip Code  2. 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 jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent of jegistered a	Zıp	Country	Zip	Coun	Country			Additional	
SKINNER JR,R G 7601 HOLLYRIDGE RD. JACKSONVILLE FL 32256  City FL Zrp 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 Pegistered agent.  SIGNATURE STATE ADDITIONS STATE ADDITIONS STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NOW!!! FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  TO. OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE STATE ADDITIONS SKINNER, R.G., JR 7601 HOLLYRIDGE RD JACKSONVILLE FL  TITLE JACKSONVILLE FL  TITLE JACKSONVILLE FL  Delde TITLE JACKSONVILLE FL  TITLE JACKSONVILLE JACKSONVILLE FL  TITLE JACKSONVILLE FL  TITLE JACKSONVILLE FL		6. Name and Address of Currer	nt Registered Agent		Name	-	7. Name and Address of New Registered Agent		
ACKSONVILLE FL 32256  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 pegistered agent.  SIGNATURE STORMAN FEELS \$150,00.  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME PD SKINNER, R.G., JR STREET ADDRESS  SIKINNER, R.G., JR STREET ADDRESS  SIKINNER, ANN F SIKINNER, A								<del></del> -	
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	12. I hereby certify that the information supplied with this filling 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 chapter or on an attachment with an address, with all other like empowered.								
12. I hereby certify that the information supplied with this filling 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 supplied with this filling 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.								