


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90008 048 \*\*\*150.00

<b>DOCUMENT # 435968</b>	
1. Entity Name <b>JUNIPER LAKE CORPORATION</b>	

Principal Place of Business <b>C/O G. PRATT MARTIN, JR. 100 N. SPRING ST., P.O. BOX 12505 PENSACOLA, FL 32501-4824</b>	Mailing Address <b>C/O G. PRATT MARTIN, JR. 100 N. SPRING ST., P.O. BOX 12505 PENSACOLA, FL 32501-4824</b>
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**24084033**



2. Principal Place of Business <b>410 E. GOVERNMENT ST.</b>	3. Mailing Address <b>P.O. BOX 1671</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09012004 Chg-P CR2E034 (10/03)

City & State <b>PENSACOLA, FL</b>	City & State <b>PENSACOLA, FL</b>
Zip <b>32508</b>	Zip <b>32591</b>
Country <b>ESCAMBIA</b>	Country <b>ESCAMBIA</b>

4. FEI Number <b>59-1485643</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MARTIN JR., G. PRATT 100 NORTH SPRING STREET PENSACOLA, FL 32573</b>	
7. Name and Address of New Registered Agent Name <b>RICHARD H. SHERRILL</b> Street Address (P.O. Box Number is Not Acceptable) <b>410 E. GOVERNMENT ST.</b> City <b>PENSACOLA</b> FL Zip Code <b>32501</b>	

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERRILL, RICHARD H 410 E. GOVERNMENT STREET PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRILL, F. W., JR ROUTE 1, BOX 305 GULF BREEZE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARTIN JR., G. PRATT 100 NORTH SPRING ST. <b>DECEASED</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD H. SHERRILL**  
**PRESIDENT**

Date

**8/30/04**

Daytime Phone #

**850-432-9827**