

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90002 031 ***150.00



DOCUMENT # 455158

1. Entity Name

DOUGLAS CAPITAL MANAGMENT, INC.

Principal Place of Business

814 HWY A1A NORTH
 SUITE 201
 PONTE VEDRA BEACH FL 32082
 US

Mailing Address

814 HWY A1A NORTH
 SUITE 201
 PONTE VEDRA BEACH FL 32082
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **59-1559296**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, JAMES A
 814 HWY A1A NORTH
 SUITE 201
 JACKSONVILLE FL 32082

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD Delete
 NAME DOUGLAS, G BRUCE
 STREET ADDRESS 814 HAM A1A NORTH
 CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE PD Delete
 NAME DOUGLAS, CHRISTOPHER
 STREET ADDRESS 814 HUM A1A NORTH
 CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE V Delete
 NAME SHOBES, ANNE, L
 STREET ADDRESS 814 HUM A1A NORTH
 CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE VDTS Delete
 NAME DOUGLAS, JAMES A.
 STREET ADDRESS 814 HUM A1A NORTH
 CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04 904-285-7866