
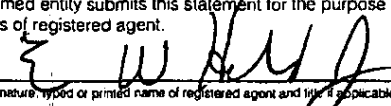
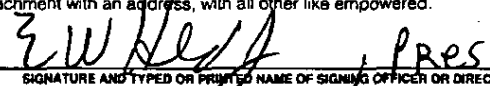


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-14-2004 90063 032 ***150.00
460310

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -1 PM 3:00

DOCUMENT # 460310					
1. Entity Name JAMES A. FISCHETTE, P.A.					
Principal Place of Business 1301 RIVERPLACE BLVD STE 1916 JACKSONVILLE FL 32207 US			Mailing Address 1301 RIVERPLACE BLVD STE 1916 JACKSONVILLE FL 32207 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1553099	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISCHETTE, JAMES 1301 RIVERPLACE BLVD., STE 1916 JACKSONVILLE FL 32207			Name Edwin W. Held, Jr. Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd Suite 1916 City Jacksonville FL Zip Code 32207		
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 		(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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISCHETTE, JAMES A		NAME		
STREET ADDRESS	1301 RIVERPLAE BLVD STE 1916		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELD, EDWIN W, JR		NAME	1301 River place Blvd. Suite 1916	
STREET ADDRESS	1916 GULF LIFE TOWER		STREET ADDRESS	Jacksonville, FL	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		CITY-ST-ZIP	32207	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBURNEY, CHARLES W JR		NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD STE 1916		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		PRES		4/13/04 904-398-7036	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	