
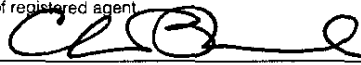
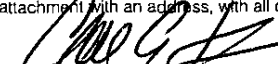


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 27 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 484607</b> 1. Entity Name <b>C.E. STOUDEMIRE, INC.</b>			
Principal Place of Business <b>3991 ST. JOHNS AVENUE JACKSONVILLE, FL 32205</b>		Mailing Address <b>3991 ST. JOHNS AVENUE JACKSONVILLE, FL 32205</b>	
2. Principal Place of Business <b>13500 Sutton Park Dr. S.</b>		3. Mailing Address <b>13500 Sutton Park Dr. S.</b>	
Suite, Apt. #, etc. <b>Suite 204</b>		Suite, Apt. #, etc. <b>Suite 204</b>	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32224</b>		Zip <b>32224</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1674799</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STOUDEMIRE, CARL E JR 3991 ST. JOHNS AVENUE JACKSONVILLE, FL 32205</b>		7. Name and Address of New Registered Agent Name <b>C. Guy Bond</b> Street Address (P.O. Box Number is Not Acceptable) <b>3010 South Third Street</b> City <b>Jacksonville Beach</b> <b>FL</b> Zip Code <b>32250</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  <b>9/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOUDEMIRE, JOYCE B</b> <b>3991 ST JOHNS AVENUE</b> <b>JACKSONVILLE, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D; PD; VD; STD</b> <b>Stoudemire, C E III</b> <b>13500 Sutton Park Dr. S Sk 204</b> <b>Jacksonville, FL 32224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STOUDEMIRE, C E JR</b> <b>3991 ST JOHNS AVENUE</b> <b>JACKSONVILLE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400041451204</b> <b>09/29/04--01054--012 **\$1.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>STOUDEMIRE, C E III</b> <b>3991 ST JOHNS AVENUE</b> <b>JACKSONVILLE, FL</b> <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	<b>STD</b> <b>STOUDEMIRE, THOMAS B</b> <b>3991 ST JOHNS AVENUE</b> <b>JACKSONVILLE, FL</b> <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: 		<b>Carl E. Stoudemire, III</b> <b>9/23/04</b> <b>904.992.0727</b> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	