2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90002 009 ***150.00

DOCUMENT # 604718

1. Entity Name
BOYD & JENERETTE, P.A.

Principal Place of Business	Mailing Address
231 E ADAMS STREET JACKSONVILLE, FL 32202-0372	231 E ADAMS STREET JACKSONVILLE, FL 32202-0372

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
201 North Hogan Street	201 North Hogan Street
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1484000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHRADER, III, ROBERT E
231 E. ADAMS ST.
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
201 North Hogan Street, Suite 400

City Jacksonville FL Zip Code 32202

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 _____ (Robert E. Schrader, III) 1/27/04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHRADER, ROBERT E 231 E ADAMS STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 201 North Hogan Street, Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ECKELS, MARK K 231 E ADAMS ST JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 201 North Hogan Street, Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VAUGHN, JOSEPH L JR 231 EAST ADAMS STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 201 North Hogan Street, Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAMUELS, BENFORD L JR. 231 E. ADAMS ST. JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 201 North Hogan Street, Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VANDERLINKE, KRISTEN M 231 E ADAMS STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 201 North Hogan Street, Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD MCCLARY, GLEN A 231 E ADAMS STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 201 Nor Hogan Street, Suite 400

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: _____ 1/27/04 904-353-6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert E. Schrader, III