## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

STREET ADDRESS

CITY-ST-ZIP

## Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # 649887** 1. Entity Name 04-21-2004 90054 049 \*\*\*150.00 NUSSMEYER ADVERTISING, INC. Principal Place of Business 9428 BAYMEDOWS HOAD 120 BUSINESS OF BU 4428 BAYMEADOWS ROAD 420 Building 200 Suite 250 JACKSONVILLE PL 32204 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1963439 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINCEY, JAMES S Street Address (P.O. Box Number is Not Acceptable) 226 SOUTH MAIN STREET **GAINESVILLE FL 32601** City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Addition NAME NUSSMEYER, CHARLTON NAME STREET ADDRESS 1401 WOOD HILL PLACE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP PTO TITLE ☐ Delete TITLE Change ☐ Addition NUSSMEYER, LARRY JOE NAME NAME 1401 WOOD HILL-PLACE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME

FILED

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. 

STREET ADDRESS

CITY-ST-ZIP