

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90004 041 ***550.00

DOCUMENT # 678134

1. Entity Name
ELLIS-CURTIS & KOOKER, INC.



Principal Place of Business

1660 EMERSON STREET
C/O HARLO G. EVERETT, JR.
JACKSONVILLE, FL 32207

Mailing Address

1660 EMERSON STREET
C/O HARLO G. EVERETT, JR.
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2015260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVERETT, HARLO G., JR.
1660 EMERSON STREET
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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 retesting)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EVERETT, HARLO G JR
STREET ADDRESS 1070 WOLFE ST
CITY-ST-ZIP JACKSONVILLE, FL 00000,

TITLE D
NAME EVERETT, JOHN M
STREET ADDRESS 960 S CNTRY CLUB DR.
CITY-ST-ZIP ATLANTIS, FL

TITLE STD
NAME EVERETT, LOUIS J
STREET ADDRESS 1545 BELMONTE AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

7-9-04 904-396-6334