
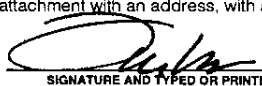


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 006 ***150.00

DOCUMENT # F00000001522 1. Entity Name FITZGERALD CORPORATION					
Principal Place of Business 3823 OWENS ROAD YULEE, FL 32097			Mailing Address 3823 OWENS ROAD YULEE, FL 32097		
2. Principal Place of Business 581705 White Oak Road		3. Mailing Address 581705 White Oak Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Yulee, FL		City & State Yulee, FL		4. FEI Number 13-4040456	
Zip 32097		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID, WILLIAM H WHITE OAK PLANTATION 3823 OWENS ROAD YULEE, FL 32097				7. Name and Address of New Registered Agent Name Davis, William H Street Address (P.O. Box Number is Not Acceptable) 581705 White Oak Road City Yulee FL Zip Code 32097	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	CD BERGREEN, BERNARD D <input type="checkbox"/> Delete 111 WEST 50TH STREET NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, WILLIAM H <input type="checkbox"/> Delete 10000 OSBORNE STREET ST. MARYS, GA 31558		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Davis, William H 581705 White Oak Road Yulee, FL 32097	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOODY, NATALIE P <input type="checkbox"/> Delete 111 WEST 50TH STREET NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROPPER, STEPHEN W <input type="checkbox"/> Delete 111 WEST 50TH STREET NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARRETT, VICTOR <input type="checkbox"/> Delete 1000 OSBORNE STREET ST. MARYS, GA 31558		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Garrett, Victor 581705 White Oak Road Yulee, FL 32097	
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:  LYNN KEENE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-04 <small>Date</small>		904-548-1033 <small>Daytime Phone #</small>