

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002639

FILED
Mar 12, 2004
Secretary of State**Entity Name:** COLECTRIC PARTNERS, INC.**Current Principal Place of Business:**76 S LAURA ST
SUITE 1500
JACKSONVILLE, FL 32202**New Principal Place of Business:****Current Mailing Address:**76 S LAURA ST
SUITE 1500
JACKSONVILLE, FL 32202**New Mailing Address:****FEI Number:** 59-3715917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEINSTEIN, IRVIN M ESQ
ROGERS TOWERS BAILEY JONES & GAY
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** C () Delete
Name: ECKENBACH, JON P
Address: 21 W CHURCH ST 16TH FL
City-St-Zip: JACKSONVILLE, FL 322023139**Title:** D () Delete
Name: JACKSON, STEVE
Address: 1470 RIVEREDGE PARKWAY NW
City-St-Zip: ATLANTA, GA 30328**Title:** D () Delete
Name: MEACHAM, JOHN
Address: 1414 15TH STREET
City-St-Zip: COLUMBUS, NE 68602**Title:** D () Delete
Name: MCCALL, BILL JR
Address: 1 RIVERWOOD DR
City-St-Zip: MONCKS CORNER, SC 29461**Title:** P (X) Delete
Name: ALDER, ROBERT C
Address: 76 S LAURA ST SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32202**Title:** T () Delete
Name: LUCAS, JOHN B
Address: 76 S LAURA ST SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32202**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D/P (X) Change () Addition
Name: JACKSON, STEVE
Address: 1470 RIVEREDGE PARKWAY NW
City-St-Zip: ATLANTA, GA 30328**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. LUCAS

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03/12/2004

Electronic Signature of Signing Officer or Director

Date