

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000408

FILED
Apr 30, 2004
Secretary of State

Entity Name: ENHANCED ASSET MANAGEMENT CORPORATION

Current Principal Place of Business:

10550 DEERWOOD PARK BLVD STE 600
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10550 DEERWOOD PARK BLVD STE 600
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3687310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, MARK A
Address: 10550 DEERWOOD PK BLVD STE 600
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: MOQUIN, KIRK
Address: 10550 DEERWOOD PK BLVD STE 600
City-St-Zip: JACKSONVILLE, FL

Title: CTD () Delete
Name: SCHANCK, JOHN
Address: 10550 DEERWOOD PK BLVD STE 600
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK THOMPSON

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date