

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90085 047 \*\*\*150.00

**DOCUMENT # F02000002418**

1. Entity Name

A3 TECHNOLOGIES, INC.



Principal Place of Business

814 NORTH A1A, SUITE 301  
PONTE VEDRA BEACH FL 32082

Mailing Address

P. O. BOX 3091  
PONTE VEDRA BEACH FL 32004-3091

**14009504**



MOORE CR2E034 (11/03)

2. Principal Place of Business

*PO Box 3091*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Ponte Vedra Beach FL*

City & State

4. FEI Number

36-4480605

Applied For

Not Applicable

Zip

*32004*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERRY, JAMES I. VANCE JR.  
ONE INDEPENDENT DRIVE, SUITE 2000  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

*Thomas J Fraser*

Street Address (P.O. Box Number is Not Acceptable)

*Suite 150*

City

*Ponte Vedra Beach*

FL

Zip Code

*32082*

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)

*4/26/04*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD HAWKINS, JOE K 814 NORTH A1A, SUITE 301 PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS PARKS, MATTHEW S 814 NORTH A1A, SUITE 301 PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/04*

Date

Daytime Phone #