

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90368 048 ***158.75

DOCUMENT # F03000005719					
1. Entity Name CONFIGURECODE, INC.					
Principal Place of Business 13401 SUTTON PARK DR. SOUTH, STE. 1131 JACKSONVILLE, FL 32224			Mailing Address 13401 SUTTON PARK DR. SOUTH, STE. 1131 JACKSONVILLE, FL 32224		
2. Principal Place of Business 12620 Beach Blvd STE 355		3. Mailing Address 12620 Beach Blvd STE 355			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-0695706	
Zip 32246		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CANARAN, VISH 13401 SUTTON PARK DR. SOUTH, STE. 1131 JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name: CANARAN, VISH Street Address (P.O. Box Number is Not Acceptable): 12620 Beach Blvd STE 355 City: Jacksonville FL Zip Code: 32246		
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: <u>[Signature]</u> (VISH CANARAN, President) DATE: <u>April 15, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	DPS CANARAN, VISH 13401 SUTTON PARK DR. SOUTH, STE. 1131 JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CANARAN, VISH 12620 Beach Blvd STE 355 Jacksonville, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLA, JESSI 13401 SUTTON PARK DR. SOUTH, STE. 1131 JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jesse Perla 12620 Beach Blvd STE 355 Jacksonville, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <u>[Signature]</u> DATE: <u>April 15, 2004</u> DAYTIME PHONE #: <u>808-6407013</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					