

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F46738	
1. Entity Name LIVERMORE, FREEMAN & MCWILLIAMS, P.A.	



Principal Place of Business 1301 RIVERPLACE BLVD SUITE 1825 JACKSONVILLE, FL 32207	Mailing Address 1301 RIVERPLACE BLVD SUITE 1825 JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE

03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2129150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIVERMORE, DANIEL U JR
1301 RIVERPLACE BLVD
SUITE 1825
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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	000000099278 03/30/04-80008-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCWILLIAMS, III, JOHN L 1301 RIVERPLACE BLVD, SUITE 1825 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FREEMAN, JUDSON JR 1301 RIVERPLACE BLVD, SUITE 1825 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIVERMORE, DANIEL U JR 1301 RIVERPLACE BLVD, SUITE 1825 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Judson Freeman, Jr. JUDSON FREEMAN, JR. 2/29/04 904-399-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #