

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F60135		
1. Entity Name SID HIGGINBOTHAM, & ASSOCIATES, INC.		
Principal Place of Business % ROBINSON FRAZIER 8518 103RD STREET JACKSONVILLE, FL 32210		Mailing Address % ROBINSON FRAZIER 8518 103RD STREET JACKSONVILLE, FL 32210
DO NOT WRITE IN THIS SPACE		
		
02132004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-2145152		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 FRAZIER, W. ROBINSON 1515 RIVERSIDE AVENUE, SUITE #A JACKSONVILLE, FL 32204		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 <u>Sid Higginbotham</u> SID HIGGINBOTHAM 2-17-04 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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
		U00000055757 02/18/04-80017-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HIGGINBOTHAM, ROGER A 8518 103RD STREET JACKSONVILLE, FL 00000,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HIGGINBOTHAM, SIDNEY H 8518 103RD STREET JACKSONVILLE, FL 00000,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE 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)(f), 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>Sid Higginbotham</u> SID HIGGINBOTHAM (904) 771-5816 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		