

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 12 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000094

1. Entity Name
ALLIANCE CAPITAL PARTNERS, INC.



Principal Place of Business
300 DELAWARE AVE, SUITE 1704
WILMINGTON, DE 19801

g Address
J DELAWARE AVE, SUITE 1704
WILMINGTON, DE 19801

DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2022897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/17/04--01025--011 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
C
HICKS, DAVID M
1725 MEMORIAL PARK DR
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
CLEMENTS, ROBERT M
8100 NATIONS WY
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHIRCLIFF, ROBERT T
8100 NATIONS WAY
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MEEKS, GARY A
8100 NATIONS WAY
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NEWTON, RUSSELL B JR
8100 NATIONS WAY
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COMMANDER, CHARLES E III
200 LAURA ST
JACKSONVILLE, FL 32202

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. HAJDA

Date

Daytime Phone #

3-5-04 904-332-7604