


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # G41530
 1. Entity Name
DEMETREE BROTHERS, INC.



Principal Place of Business Mailing Address
 P.O. BOX 47050 P.O. BOX 47050
 JACKSONVILLE, FL 32247-7050 JACKSONVILLE, FL 32247-7050

DO NOT WRITE IN THIS SPACE



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2308751 Not Applicable

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

6. Name and Address of Current Registered Agent

DEMETREE, JACK C., JR.
 3740 BEACH BLVD.
 SUITE 300
 JACKSONVILLE, FL 32207

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U000000129441
 04/26/04-80077-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DEMETREE, MARK C
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	T
NAME	DEMETREE, J. C., JR.
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	CD
NAME	DEMETREE, JACK C.
STREET ADDRESS	3740 BEACH BLVD. #300
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	DEMETREE, CHRISTOPHER C.
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	V
NAME	SCHRAMM, FRED C., JR.
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	V
NAME	DUNN, M. HARRIS
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL

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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:  4/19/04 (904) 998-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #