
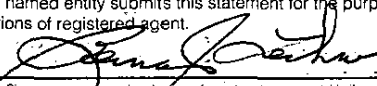



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90021 009 \*\*\*150.00

<b>DOCUMENT # H48530</b> 1. Entity Name <b>P R &amp; I, INCORPORATED</b>					
Principal Place of Business <b>% P.R. JACKSON</b> <b>360 CYPRESS CREEK CIRCLE</b> <b>OLDSMAR, FL 34677</b>			Mailing Address <b>% P.R. JACKSON</b> <b>360 CYPRESS CREEK CIRCLE</b> <b>OLDSMAR, FL 34677</b>		
2. Principal Place of Business <b>411 Gramercy Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>411 Gramercy Street</b> Suite, Apt. #, etc.			
City & State <b>Winston Salem, NC</b>		City & State <b>Winston Salem, NC</b>		4. FEI Number <b>59-2536855</b>	
Zip <b>27104</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACKSON, P.R.</b> <b>360 CYPRESS CREEK CIRCLE</b> <b>OLDSMAR, FL 34677</b>				7. Name and Address of New Registered Agent Name <b>Bernard J. Lechner</b> Street Address (P.O. Box Number is Not Acceptable) <b>2115 Range Road</b>  City <b>Clearwater</b>	
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.				Zip Code <b>FL 33765</b>	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Bernard J. Lechner</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>1-20-04</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>JACKSON, PRENTICE R.</b> <b>360 CYPRESS CREEK CIR.</b> <b>OLDSMAR, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres/Dir</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jackson, Prentice R.</b> <b>411 Gramercy Street</b> <b>Winston Salem, NC 27104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>P.R. Jackson</b> <b>1/27/04</b> <b>336/774-1581</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					