2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2004 8:00 am
Secretary of State

03-18-2004 90031 030 ***150.00

DOCUMENT # H71183

1. Entity Name
FLORICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
4581 NW 6TH ST. SUITE A GAINESVILLE, FL 32609	4581 NW 6TH ST. SUITE A GAINESVILLE, FL 32609

66408344

02122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-2711499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XXX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONEYHUN, JAMES O
4581 A NW 6TH STREET
GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONEYHUN, JAMES O 4581 A NW 6TH ST GAINESVILLE, FL 32609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Scanlon, Sunda S. 4581 A NW 6th Street VP Gainesville, Fl 32609	☐ Change XXX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BUCHANAN, TRAUDI 4581 A NW 6TH ST GAINESVILLE, FL 32609	XXX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] March 11, 2004 352-372-8326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES O. MONEYHUN