


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # J85568 1. Entity Name WELLS CROSSING ASSOCIATES, INC.	
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02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0032152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, RALPH L JR.
751 OAK STREET SUITE 600
BLDG II, SUITE 650
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 _____

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

U00000064615

02/25/04-80002-021 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTON, JAMES H. 4825 ORTEGA BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, RALPH L JR. 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST BROOKS, WILLIAM E. 601 RIVERSIDE AVE. BUILDING II, SUITE 650 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, RALPH L JR. 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOPELOUSOS, JOHN 1279 KINGSLEY AVE, SUITE 118 ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *R. L. Y.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ralph Lamar Shaw Jr. 02/11/04 904-358-0900