2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # J94458 1. Entity Name SUNBELT COMMUNICATIONS, INC.	·		04-	.28-2004 90 <i>2</i> 52 011 ****150.00	
Principal Place of Business	Mailing Address]	. • 0	
2815 BOLTON ROAD Suite A Orange Park, FL 32073 US	A ORANGE PARK, FL 32067		24058140		
2. Principal Place of Business	al Place of Business 3. Mailing Address P.O. Box 877				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	04222004 Chg-P	CR2E034 (10/03)	
City & State	Orange Parl	k, FL	4. FEI Number 59-2845938	Applied For Not Applicable	
Zip Country	32067-877	ountry U.S.A.	5. Certificate of Status Dec	Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of	New Registered Agent	
DAVIS, STAFFORD J 2821 BOLTON RD SUITE B ORANGE PARK, FL 32073	ı	Street Address	Street Address (P.O. Box Number is Not Acceptable)		
ORANGE FARK, FL 320/3					
	,	City		FL Zip Code	
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its regis	stered office or registr	ered agent, or both, in the Stat	e of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regis	stered Agent signature requir	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaign Fi Trust Fund Contribution		5.00 May Be ided to Fees		
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 11	
TITLE VPD NAME DAVIS, STAFFORD JR	5 5.000	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS 2821 BOLTON RD SUITE B CITY-S1-ZIP ORANGE PARK, FL 32073		STREET ADDRESS CITY-ST-ZIP			
ITILE PD NAME DAVIS, DOROTHY STREET ADDRESS 2821 BOLTON RD SUITE B CITY-ST-ZIP ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ 50.00	TITLE . NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empty changed, or on an attachment with an address, the SIGNATURE:	true and accurate and that my sign owered to execute this report as re	gnature shall have the equired by Chapter 69	e same legal effect as if made	under oath; that I am an officer or director	