


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90283 016 ***158.75

DOCUMENT # J94743 1. Entity Name THE FORT GROUP, INC.					
Principal Place of Business 8705 PERIMETER PARK BLVD. 8 JACKSONVILLE, FL 32216 US			Mailing Address 8705 PERIMETER PARK BLVD. 8 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business 8711 PERIMETER PARK BLVD.		3. Mailing Address 8711 PERIMETER PARK BLVD.			
Suite, Apt. #, etc. SUITE 11		Suite, Apt. #, etc. SUITE 11			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL			
Zip 32216	Country USA	Zip 32216	Country USA	4. FEI Number 59-2854902	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORT, DONALD C 8705-8 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name FORT, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 8711-11 PERIMETER PARK BLVD. City JACKSONVILLE FL Zip Code 32216		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP FORT, DONALD C. <input type="checkbox"/> Delete 8705-8 PERIMETER PARK BLVD. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FORT, DONALD C. 8711-11 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV <input type="checkbox"/> Delete TYE, GAIL, D 8705-8 PERIMETER PARK BLVD JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TYE, GAIL D. 8711-11 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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.					
SIGNATURE: <u><i>Donald C. Fort</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/14/04</u> <u>(904) 641-0018</u> <small>Date Daytime Phone #</small>		