## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K52452

FILED Jan 27, 2004 Secretary of State

Entity Name: PRODUCERS RESOURCE CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 24802 JACKSONVILLE, FL 322414802 **Current Mailing Address: New Mailing Address:** P.O. BOX 24802 JACKSONVILLE, FL 322414802 FEI Number: 59-2922867 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAYS, RAYMOND L 476 RIVERSIDE AVE JACKSONVILLE, FL 32202 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change ( ) Addition HAYS, RAYMOND L Name: Name: HAYS, RAYMOND L 476 RIVERSIDE AVE 476 RIVERSIDE AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

( ) Delete Title: Title: () Change () Addition

Name: KAUFMANN, BARBARA Name: 476 RIVERSIDE AVE Address: Address: JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND L. HAYS **PSD** 01/27/2004