2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K54801

1. Entity Name
THE APARTMENT COMPANY, INC.

Principal Place of Business	Mailing Address
2215 RIVER BLVD	2215 RIVER BLVD
JACKSONVILLE, FL 32204 US	JACKSONVILLE, FL 32204 US

DO NOT WRITE IN THIS SPACE

03032004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3002480

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDGERTON, JOHN S
2215 RIVER BLVD
JACKSONVILLE, FL 32204

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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

TITLE	PD
NAME	EDGERTON, JOHN
STREET ADDRESS	2215 RIVER BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	VD
NAME	EDGERTON, ANNE R
STREET ADDRESS	4038 ORTEGA FOREST DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UON000088810
03/15/04-80066-020 150.00

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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: _John J. Elliff_____   _2/29/04_   _904/389 5430_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #