

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

02-19-2004 90019 024 ***150.00

66405555



01252004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2946968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, FRED E
PMB 218, STATE ROAD 13 N.
#26
JACKSONVILLE, FL 32259

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Fred E Davis DATE 2-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT ☐ Delete
NAME DAVIS, FRED E
STREET ADDRESS PMB 218, STATE ROAD 13 N., #26
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DAVIS, FRED E
STREET ADDRESS PMB 218, STATE ROAD 13 N., #26
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: Fred E Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04 904-287-1030
Date Daytime Phone #