

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90016 031 ***150.00

44023370



03092004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3041827** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name **David R. Swilley**
Street Address (P.O. Box Number is Not Acceptable)
3449 NW 11th Ave
City **Gainesville, FL** Zip Code **32605**

VICKERS, JAMES, E
6969 SE 30TH ST
TRENTON, FL 32693

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: *David R. Swilley* DATE: **3/30/2004**
(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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, JAMES, E		NAME		
STREET ADDRESS	6969 SE 30TH ST		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	U.Pres, Sec, Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Steven R. Jenkins	
STREET ADDRESS			STREET ADDRESS	2820 SW 82nd Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Trenton, FL 32693	
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	David R. Swilley	
STREET ADDRESS			STREET ADDRESS	3449 NW 11 th Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Steve R. Jenkins* DATE: **3/30/04** (386) 454-1642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR