2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M64278

1. Entity Name
NU-WAVE WATERBEDS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
C/O CONTEMPORARY BUSINESS P O BOX 41285 JACKSONVILLE, FL 32203	C/O CONTEMPORARY BUSINESS P O BOX 41285 JACKSONVILLE, FL 32203

DO NOT WRITE IN THIS SPACE

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2867718		Not Applicable

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

6. Name and Address of Current Registered Agent

QUINN, CLINTON J.
6 BLANDING BLVD

ORANGE PARK, FL 32073

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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	P
NAME	QUINN, CLINTON J.
STREET ADDRESS	2770 HOLLY POINT ROAD WEST
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	S
NAME	QUINN, KIMBERLY L.
STREET ADDRESS	2770 HOLLY POINT ROAD WEST
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/1/04   (904) 272-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #