2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

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Entity Name: CHARACTER COUNTS! IN JACKSONVILLE, INC.

Current Principal Place of Business:

8808 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

8808 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3666756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUD, GINGER
117 W DUVAL ST, #425
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ARNAIZ, ANA	
Address:	2335 W 18TH ST	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	CATTO, SUZANNE C	
Address:	4941 RIVER POINT ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	VARGAS, CLARK	
Address:	4141 SOUTHPOINT DR. E.	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	S	( ) Delete
Name:	DEAL, BOBBY LT.	
Address:	501 EAST BAY STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	JENKINS, TONY	
Address:	4800 DEERWOOD CAMPUS PKWY, BLDG # DCC104	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	( ) Delete
Name:	WILMOTH, KIM M	
Address:	6 EAST BAY STREET SUITE 375	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM M. WILMOTH D 01/23/2004
Electronic Signature of Signing Officer or Director — Date