

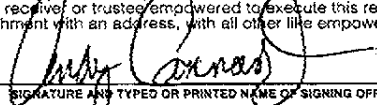


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # N04000005452 | | | |  | |
| 1. Entity Name JACKSONVILLE COLLISION REPAIR EDUCATION FOUNDATION, INC. | | | | | |
| Principal Place of Business C/O MICHAEL BARBER 9655 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32257 | | | Mailing Address PO BOX 550863 JACKSONVILLE, FL 32255-0863 | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05112004 Chg-NP CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-3735012 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| AKEL, EDWARD C ONE INDEPENDENT DR., STE. 2301 JACKSONVILLE, FL 32202 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT SWANN, BILL 4301 UNIVERSITY SOUTH JACKSONVILLE, FL 32218 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CANNADY, ANDY 8655 PHILIPS HWY. JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | U000000161578 05/27/04-80001-012 61.25 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV CAREY, STEPHEN 5859 WENDING DR JACKSONVILLE, FL 32244 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:  | | | | 5-18-04 904-545-0577 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |