

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007970

**FILED**  
**Mar 05, 2004**  
**Secretary of State****Entity Name:** STACEY POOLE INC.**Current Principal Place of Business:**10367 MCLAURIN RD. EAST  
JACKSONVILLE, FL 32256**New Principal Place of Business:****Current Mailing Address:**10367 MCLAURIN RD. EAST  
JACKSONVILLE, FL 32256**New Mailing Address:**P.O. BOX 40112  
JACKSONVILLE, FL 32203**FEI Number:** 55-0844027**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**POOLE, STACEY L SR.  
10367 MCLAURIN RD. EAST  
JACKSONVILLE, FL 32256 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:** P ( ) Delete  
**Name:** POOLE, STACEY  
**Address:** 10367 MCLAURIN RD. EAST  
**City-St-Zip:** JACKSONVILLE, FL 32256**Title:** S ( ) Delete  
**Name:** WRIGHT, CHARLENE  
**Address:** 11685 CHESTNUT OAK DR. EAST  
**City-St-Zip:** JACKSONVILLE, FL 32218**Title:** V ( ) Delete  
**Name:** MCDOUGALD, KEITH  
**Address:** 3175 BRASQUE DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32209**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** POOLE, KEITH W PRESIDE  
**Address:** 5928 FIRESTONE RD. APT.154  
**City-St-Zip:** JACKSONVILLE, FL 32244**Title:** SEC (X) Change ( ) Addition  
**Name:** WRIGHT, CHARLENE  
**Address:** 11685 CHESTNUT OAK DR. EAST  
**City-St-Zip:** JACKSONVILLE, FL 32218**Title:** VP (X) Change ( ) Addition  
**Name:** VANN, TONY  
**Address:** 943 ASHTON COVE TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32218

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:** KEITH WILLIAM POOLE

PRES

03/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date