

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

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N20049

Entity Name: SCENIC JACKSONVILLE, INC.

**Current Principal Place of Business:**

C/O WILLIAM D. BRINTON  
1301 RIVERPLACE BLVD, SUITE 1500  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLIAM D. BRINTON  
1301 RIVERPLACE BLVD, SUITE 1500  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRINTON, WILLIAM D  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE, FL 32207 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: PD ( ) Delete  
Name: INGHAM, LINDA C  
Address: 4192 CHURCHWELL RD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete  
Name: GASSETT, S. WILLIAM,  
Address: 11120 W. RIVER CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD ( ) Delete  
Name: BRINTON, WILLIAM D.,  
Address: 1835 CHALLENGE AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: V ( ) Delete  
Name: CRESCIMBENI, JOHN  
Address: 5735 DICKSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: INGHAM, LINDA C  
Address: 4165 ROMA BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

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: WILLIAM D. BRINTON

SECR

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date