

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90034 029 ***150.00

DOCUMENT # P00000001473

1. Entity Name
WHITEFEATHERPRESS.COM, INC.



Principal Place of Business
**3685 CAMERON CROSSING DR.
JACKSONVILLE, FL 32223**

Mailing Address
**3685 CAMERON CROSSING DR.
JACKSONVILLE, FL 32223**

54015422



2. Principal Place of Business
533 Mackenzie Circle

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004 Chg-P CR2E034 (10/03)

City & State
St. Augustine, FL

City & State

4. FEI Number

59-3619706

Applied For

Not Applicable

Zip
32092-3436

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOYT
3685 CAMERON CROSSING DR.
JACKSONVILLE, FL 32223**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 904-905-0105

Date

Daytime Phone #