

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009169

FILED
Jan 20, 2004
Secretary of State

Entity Name: INVENTORIES, INC.

Current Principal Place of Business:

548 BAY RIDGE ROAD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P O BOX 47305
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-3622431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OULTON, DONNIE
548 BAY RIDGE ROAD
JACKSONVILLE, FL 32216

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OULTON, DONNIE
Address: 548 BAY RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST () Delete
Name: ANDERSON, JODI M
Address: 1604 ARCADIA DRIVE #110
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: DODGE, JODI A
Address: 1701 PARKWOOD ST
City-St-Zip: JACKSONVILLE, FL 32207

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODI ANDERSON DODGE

ST

01/20/2004

Electronic Signature of Signing Officer or Director

_____ Date