2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P0000036182 1. Entity Name MAXINE BELL, P.A.								Feb 12, 2004 08:00 AM Secretary of State				
WANTE	DEEE, 1	٦.					7					
Principal Place of Business Mailing Address												
1803 8TH ST NORTH JACKSONVILLE BEACH FL 32250 1803 8TH ST NORTH JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250								(Jacottino) all Maille Maite Mayte Month	, 2200 22022 101	• -	B73B301 74 AM (0)	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt #, etc.				MOORE	CR2E034	(11/03)		
City & State				City & State			4.	FEI Number 59-115230	2	<u> </u>	oplied For xt Applicable	
Zip	Country			Zip Cour		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required		fitional			
	6. Nami	and Address	of Current Regis	Registered Agent			7.	Name and Address of New	Registered	<u> </u>		
STANIEV KIM						Name						
STANLEY, KIM 1803 8TH ST. NORTH JACKSONVILLE FL 32250						Street Addres	s (P.O.	. Box Number is Not Acceptab	e)			
JAC	MOONVI	LLE FL 32	250									
						City			FL	Zip Code	e	
		ty submits this stered agent.	statement for the	purpose of changing its	s register	ed office or regis	itered a	agent, or both, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .	<u>-</u>	-						·				
SIGNATORE.	Signature, type:	d or printed name of	registered agent and title	n' applicable (NC)	TE Registeri	d Agent signature requ	sted wher	n reinstating)	DATE			
Afte	r May 1, 20	III FEE IS \$ 104 Fee will b to Florida Dej		te				9. Election Campaign Fi Trust Fund Contributi	- ,		0 May Be i to Fees	
10.		OFF	ICERS AND DIRE	CTORS	11.		2	ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZEP	1	XINE ST NORTH IVILLE BEAC	H FL 322 50	☐ Defete						Change	☐ Addition	
TITLE				☐ Delete	TOTA	ļ				☐ Change	Addition	
NAME STREET ADDRESS GITY-ST-ZIP						AE EET ADDRESS (-ST-ZIP		.00000004 02/12/04-80	17860 1057-01	7 150.0	0	
TITLE				☐ Delete	THE					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						FET ADDRESS /-ST-ZIP						
THE				☐ Delete	TITE NAM			,		☐ Change	☐ Addition	
STREET ADDRESS					STR	EET ADDRESS		•				
CITY-SY-ZIP				☐ Delete	CAT	(-ST-ZIP				☐ Change	☐ Addition	
NAME				∑ Detete	NAM	Į.				C comple	ייטמוטטר נ	
STREET ABORESS CITY-ST-ZIP						EET ADDRESS /-ST-ZIP						
TITLE NAME				☐ Delete	TITE NAM	1				Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP					STR	FIT ADDRESS (-ST-ZIP						
t2. I hereby indicated of the cor	certify that the donate of the certify that the certification of the cer	ne information s ort or suppleme the receiver or tachment with	supplied with this ental report is true trustee empowers an address, with a	filing does not qualify for and accurate and that ad to execute this repor all other like empowered	or the eximy signated as required.	emption stated in ature shall have the ired by Chapter in	Section he same 607, Fi	on 119.07(3)(i), Florida Statutes ne legal effect as if made under orida Statutes; and that my nar	. I further ce cath; that I ne appears	rtify that the in am an officer in Block 10 o	nformation or director or Block 11 of	

SIGNATURE: MAXINE BELL 2/9/04 904-241-4084