

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000090681**

1. Entity Name  
**FLORIDA HEADSET SUPPLY INCORPORATED**



Principal Place of Business  
**144 S ARLINGTON RD  
JACKSONVILLE, FL 32216**

Mailing Address  
**PO BOX 5217  
JACKSONVILLE, FL 32247**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3681180**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SHIMP, THAD A  
6345 FERBER RD.  
JACKSONVILLE, FL 32277**

**DO NOT WRITE  
IN THIS SPACE**

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 THAD A. SHIMP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-26-04  
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**

TITLE	VS
NAME	SHIMP, JOANN A
STREET ADDRESS	144 S ARLINGTON RD
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	PT
NAME	SHIMP, THAD A
STREET ADDRESS	144 S ARLINGTON RD
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000070251  
03/01/04-80037-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: THAD A SHIMP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04  
Date

904 725-1011  
Daytime Phone #