

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097818

Entity Name: IDA RUTH STIGALL, PA

FILED
Mar 10, 2004
Secretary of State

Current Principal Place of Business:

1412 N. 1ST ST
204
JACKSONVILLE, FL 32250

New Principal Place of Business:

11543 APOSTLE ISLAND TRAIL
JACKSONVILLE, FL 32256

Current Mailing Address:

1412 N. FIRST ST.
204
JACKSONVILLE, FL 32250

New Mailing Address:

11543 APOSTLE ISLAND TRAIL
JACKSONVILLE, FL 32256

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

Name and Address of Current Registered Agent:

STIGALL, IDA RUTH
1412 N. FIRST ST., UNIT 204
JACKSONVILLE, FL 32250

Name and Address of New Registered Agent:

STIGALL, IDA RUTH
11543 APOSTLE ISLAND TRAIL
JACKSONVILLE, FL 32256

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: _____ 03/10/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STIGALL, IDA RUTH
Address: 1412 N. FIRST ST. UNIT 204
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STIGALL, IDA RUTH
Address: 11543 APOSTLE ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

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: IDA RUTH STIGALL D 03/10/2004
Electronic Signature of Signing Officer or Director Date