

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90213 013 \*\*\*150.00

DOCUMENT # P01000001147



1. Entity Name  
OVIEDO BARXEQ, INC.

Principal Place of Business  
~~6060 BONNEVAL RD.~~  
JACKSONVILLE, FL 32216

Mailing Address  
4745 SUTTON PK CT  
STE 301  
JACKSONVILLE, FL 32224

94073638



2. Principal Place of Business

1340 ALAFAYA TRAIL  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

OVIEDO FL

City & State

4. FEI Number

59-3692491

Applied For

Not Applicable

Zip

32746 S

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLS, JAMES W  
~~6060 BONNEVAL RD.~~ 4745 SUTTON PARK CT.  
JACKSONVILLE, FL 32216 SUITE 301  
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

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

TITLE PSD ☐ Delete  
NAME MILLS, JAMES W  
STREET ADDRESS 4745 SUTTON PK CT STE 301  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VP ☐ Delete  
NAME MILLS, YOLANDA H  
STREET ADDRESS 4745 SUTTON PK CT STE 301  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 101 CANNON COURT  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 100 KINGFISHER DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Yolanda Mills* YOLANDA MILLS

4/28/04

(904) 992-0516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #