

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90024 042 \*\*\*150.00

**DOCUMENT # P01000001427**

1. Entity Name

SELINGER AND FLETCHER, P.A.



Principal Place of Business

BLACKSTONE BUILDING  
233 E. BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202

Mailing Address

BLACKSTONE BUILDING  
233 E. BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202

39017511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3690965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SELINGER, RICHARD A  
BLACKSTONE BUILDING  
233 E. BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202

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 D ☐ Delete  
NAME SELINGER, RICHARD A  
STREET ADDRESS BLACKSTONE BLDG., 233 E BAY ST., STE. 1020  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D ☐ Delete  
NAME FLETCHER, CHARLES W  
STREET ADDRESS BLACKSTONE BLVD. 233E BAY ST. STE 1020  
CITY-ST-ZIP JACKSONVILLE, FL 32202

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 P/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/S/T/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Blackstone BLDG., 233 E. BAY ST., STE. 1020  
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**  
**RICHARD SELINGER**

Date

Daytime Phone #

2/17/04

(904) 598-0900