

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90004 015 \*\*\*150.00


<b>DOCUMENT # P01000005789</b>			
<b>1. Entity Name</b> SECOND THOUGHTS, INC. OF JACKSONVILLE			
<b>Principal Place of Business</b> 1135 ARLINGTON ROAD JACKSONVILLE, FL 32221		<b>Mailing Address</b> 1135 ARLINGTON ROAD JACKSONVILLE, FL 32221	
<b>2. Principal Place of Business</b> 614 S. McDuff Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 11679 Suite, Apt. #, etc.	
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL	
<b>Zip</b> 32254		<b>Zip</b> 32239	
<b>Country</b>		<b>Country</b>	
<b>4. FEI Number</b> 59-3700366		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COFFMAN, JAMES R 1125 ARLINGTON ROAD JACKSONVILLE, FL 32211		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 4816 Charles Bennett Drive City FL Zip Code 32225	
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD <b>NAME</b> COFFMAN, JAMES R <b>STREET ADDRESS</b> 4816 CHARLES BENNETT DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> LUCEY, MICHAEL <b>STREET ADDRESS</b> 12146 SPRINGMOOR NINE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12143 Springmoor Nine
<b>TITLE</b> TD <b>NAME</b> COFFMAN, SHARON <b>STREET ADDRESS</b> 4816 CHARLES BENNETT DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> LUCEY, DINNIE <b>STREET ADDRESS</b> 12146 SPRINGMOOR NINE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Lucey, Bonnie 12143 Springmoor Nine
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>Sharon Coffman</i> <b>Sharon Coffman</b>		<b>7/7/04</b>	<b>904-855-8080</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

54060886

July 1, 2004

TO WHOM IT MAY CONCERN:

Please advise as soon as possible how shall we proceed in filing so we will not have to pay the penalty.

Sincerely,  
  
SHARON COFFMAN  
P.O. BOX 11679  
JACKSONVILLE, FL 32239-1679  
904-855-8080