2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Jan 29, 2004 08:00 AM DOCUMENT # P01000011053 **Secretary of State** 1. Entity Name • MUYRES & ASPINWALL ENTERPRISES, INC. Principal Place of Business Mailing Address 1409 KINGSLEY AVE PO BOX 2426 **ORANGE PARK FL 32067** ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3694922 Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUYRES, DAVID Street Address (P.O. Box Number is Not Acceptable) 2412 STOCKTON DR GREEN COVE SPRINGS FL 32043 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TILE Delete DDE Change Addition MUYRES, DAVID J NAME NAME U00000020738 01/29/04-80081-006 150.00 STREET ADDRESS 2412 STOCKTON DRIVE STREET ADDRESS ORANGE PARK FL 32073 CITY - ST - ZIP CITY - ST - ZIP ☐ Detete TITLE TITLE ☐ Change Addition NAME ASPINWALL, ROBERT V NAME STREET ADDRESS 8430 COMMONWEALTH AVENUE STREET ADDRESS JACKSONVILLE FL 32220 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.