

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90350 044 ***150.00

DOCUMENT # P01000086301

1. Entity Name
FLORIDA IMPORT SALES, INC.



Principal Place of Business
3161-4 ST. JOHNS RD. SOUTH
JACKSONVILLE, FL 32246

Mailing Address
3161-4 ST. JOHNS RD. SOUTH
JACKSONVILLE, FL 32246

2. Principal Place of Business
11645 Beach Blvd.

Suite, Apt. #, etc.
#200

3. Mailing Address
11645 Beach Blvd.

Suite, Apt. #, etc.
#200



04162004

Chg-P

CR2E034 (10/03)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
30-0028930

Applied For
Not Applicable

Zip
32246

Country
US

Zip
32246

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCURRY, EDGAR W JR.
3161-4 ST. JOHNS RD. SOUTH
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name
Pamela S. Stefansen
Street Address (P.O. Box Number is Not Acceptable)
11645 Beach Blvd. #200
City
Jacksonville FL Zip Code
32246

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

Pamela S. Stefansen

Pamela S. Stefansen

04/16/04

Signature, typed or printed name of registered agent and fee 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
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
MCCURRY, EDGAR W JR.
3161-4 ST. JOHNS RD. SOUTH
JACKSONVILLE, FL 32246 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MIDYETTE, EDWARD JR.
5693 SOLOMON RD.
JACKSONVILLE, FL 32234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LANEY, KELLY E
3161-4 ST. JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
11645 Beach Blvd. #200
Jacksonville, FL 32246 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
Pamela S. Stefansen
11645 Beach Blvd. #200
Jacksonville, FL 32246 ☐ Change ☒ Addition

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

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

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: *Pamela S. Stefansen* Pamela S. Stefansen VP (904)6456555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 Date

Daytime Phone #