

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90031 011 ***150.00

DOCUMENT # P01000090533

1. Entity Name
INCEPTURE, INC.



Principal Place of Business
**532 RIVERSIDE AVE.
JACKSONVILLE, FL
32202**

Mailing Address
**532 RIVERSIDE AVE.
JACKSONVILLE, FL
32202**

24041130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3720231

Applied For

Not Applicable

Zip
32202

Country

Zip
32202

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGOWAN, MARK S
4800 DEERWOOD CAMPUS PKWY.
JACKSONVILLE, FL 32246-8273**

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 registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **DOERR, R CHRIS**
STREET ADDRESS **4800 DEERWOOD CAMPUS PKWY 100-8**
CITY- ST- ZIP **JACKSONVILLE, FL 322468773**

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

TITLE **D** ☐ Delete
NAME **HARDEMAN, DONALD M**
STREET ADDRESS **8381 DIX ELLIS TRAIL STE 105**
CITY- ST- ZIP **JACKSONVILLE, FL 32256**

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

TITLE **D** ☐ Delete
NAME **JOSEPH, CHARLES S**
STREET ADDRESS **4800 DEERWOOD CAMPUS PKWY 100-7**
CITY- ST- ZIP **JACKSONVILLE, FL 32246**

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

TITLE **D** ☐ Delete
NAME **MCDONALD, DEANNE M**
STREET ADDRESS **4800 DEERWOOD CAMPUS PKWY 100-6**
CITY- ST- ZIP **JACKSONVILLE, FL 32246**

TITLE ☒ Change ☐ Addition
NAME **MCDONALD, DEANNA**
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☐ Delete
NAME **O'REILLY, BARRY**
STREET ADDRESS **4800 DEERWOOD CAMPUS PKWY 600-3**
CITY- ST- ZIP **JACKSONVILLE, FL 32246**

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

TITLE **S** ☐ Delete
NAME **MCGOWAN, MARK S**
STREET ADDRESS **4800 DEERWOOD CAMPUS PKWY 100-7**
CITY- ST- ZIP **JACKSONVILLE, FL 32246**

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:

Mark S. McGowan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

(904) 905-6570

Mark S. McGowan

Attachment 240611190
#P01 000090833

Incepture, Inc.
Officers and Directors (Continued)
2004

Officers and Directors		Add/Chgs To Officers and Directors	
Title Name Street Address City-St-Zip	T Jonathan Hogan 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	P/CEO Curtis W. Lord 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	V Robert J. Wright 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	V <input type="checkbox"/> Chg x Add Diana Haramboure 532 Riverside Ave 30-H Jacksonville, FL 32202
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add