

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90028 008 \*\*\*150.00

**DOCUMENT # P01000109015**

1. Entity Name  
**SPEIGHTS AND COLUDRO, P.A.**



**44003943**

Principal Place of Business  
**6015 CHESTER CIRCLE  
SUITE 206  
JACKSONVILLE, FL 32217**

Mailing Address  
**6015 CHESTER CIRCLE  
SUITE 206  
JACKSONVILLE, FL 32217**

2. Principal Place of Business  
**6015 Chester Circle  
Suite, Apt. #, etc. Suite 205  
City & State Jacksonville, FL  
Zip 32217 Country USA**

3. Mailing Address  
**6015 Chester Circle  
Suite, Apt. #, etc. Suite 205  
City & State Jacksonville, FL  
Zip 32217 Country USA**



01222004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3755632**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLUDRO, JOSE L  
6015 CHESTER CIRCLE  
SUITE 206  
JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent

Name **Coludro, Jose L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6015 Chester Circle  
Suite 205**  
City **Jacksonville** FL Zip Code **32217**

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 **P** ☐ Delete  
NAME **COLUDRO, JOSE L**  
STREET ADDRESS **6015 CHESTER CIRCLE, SUITE 206**  
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **V** ☐ Delete  
NAME **SPEIGHTS, ABERDEEN R**  
STREET ADDRESS **6015 CHESTER CIRCLE, SUITE 206**  
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

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 **change to Address** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Suite 205**  
CITY-ST-ZIP

TITLE **Change to Address** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Suite 205**  
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, will or other like empowered.

SIGNATURE: **Jose Coludro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/2004 (904) 737-7600**  
Date Daytime Phone #