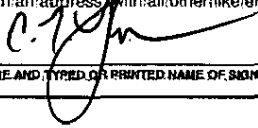


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90005 001 ***150.00

DOCUMENT # P01000112803 1. (Entity Name) UNITED HOLDINGS OF JACKSONVILLE, INC.			
(Principal Place of Business) 810 3RD STREET STE D NEPTUNE BCH, FL 32266		(Mailing Address) 810 3RD STREET STE D NEPTUNE BCH, FL 32266	
2. (Principal Place of Business) (Suite, Apt., #, etc.)		3. (Mailing Address) P.O. BOX 49122 (Suite, Apt., #, etc.)	
(City & State)		(City & State) JACKSONVILLE BEACH, FL	
(Zip)		(Zip) 32240	
(Country)		(Country) FL	
4. (FEE) Number 59-3758398		Applied For ☐ Not Applicable	
5. (Certificate of Status) Desired ☐		\$8.75 Additional Fee Required	
6. (Name and Address of Current Registered Agent) LAMSBACK, CHARLES T III 810 3RD STREET STE D NEPTUNE BCH, FL 32266		7. (Name and Address of New Registered Agent) (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) _____ (NOTE: Registered Agent signature required when resigning) (DATE) _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. (Election Campaign Financing) ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. (OFFICERS AND DIRECTORS)		11. (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11)	
(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	DVST LAMSBACK, CHARLES T III 810 3RD STREET STE D NEPTUNE BCH, FL 32266	(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	PRESIDENT LAMSBACK, CHARLES T. III
(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	VP LAMSBACK, KEVIN M 810 3RD STREET STE D NEPTUNE BCH, FL 32266	(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Change) (Addition)
(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Delete)	(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Change) (Addition)
(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Delete)	(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Change) (Addition)
(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Delete)	(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Change) (Addition)
(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Delete)	(TITLE) (NAME) (STREET ADDRESS) (CITY-STATE-ZIP)	(Change) (Addition)
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		C.T. LAMSBACK, IV 9-5-04 904.502.8782	
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		(Date) (Daytime Phone #)	

34074101



08152004 Chg-P CR2E034 (10/03)