

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90692 015 ***150.00

DOCUMENT # P02000029846					
1. Entity Name JAMISON-HINSDALE GC, INC.					
Principal Place of Business BONITA SPRINGS, FL #2161 BONITA SPRINGS, FL 34135			Mailing Address 10915 BONNA BEACH RD FT. MYERS, FL 33912		
2. Principal Place of Business 26947 MORTON GROVE DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. BOX 39 <small>Suite, Apt. #, etc.</small>			
City & State BONITA SPRINGS, FL. 34135 <small>Country</small> USA		City & State BONITA SPRINGS, FL. 34133 <small>Country</small> USA		4. FEI Number 03-0406773	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HINSDALE, JULIE H. 9116 BRYANT ROAD FT. MYERS, FL 33912					
7. Name and Address of New Registered Agent Name: JULIE H. HINSDALE Street Address (P.O. Box Number is Not Acceptable): 26947 MORTON GROVE DR. City: BONITA SPRINGS FL Zip Code: 34135					
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: <i>Julie H. Hinsdale</i> DATE: 05/01/04 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME JAMISON, CHARLES STREET ADDRESS 800 OLD ROSWELL LAKES PKWY., #320 CITY-ST-ZIP ROSWELL, GA 30076	<input type="checkbox"/> Delete		TITLE V.P. NAME JULIE H. HINSDALE STREET ADDRESS 26947 MORTON GROVE DR. CITY-ST-ZIP BONITA SPRINGS, FL. 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME HINSDALE, JULIE H STREET ADDRESS 9116 BRYANT ROAD CITY-ST-ZIP FT. MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE SEC./TREAS. NAME BRIAN M. MORSE STREET ADDRESS 26947 MORTON GROVE DR. CITY-ST-ZIP BONITA SPRINGS, FL. 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Julie H. Hinsdale, V.P.</i> Date: 05/01/04 Daytime Phone #: (239) 992-5442					