

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034620

FILED
Apr 30, 2004
Secretary of State

Entity Name: DOUBLE "E" RESIDENTIAL SPECIALIST, INC.

Current Principal Place of Business:

1305 BAYSHORE DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

1663 NORTHRIDGE RD.
NICEVILLE, FL 32578

Current Mailing Address:

1305 BAYSHORE DRIVE
NICEVILLE, FL 32578

New Mailing Address:

1663 NORTHRIDGE RD.
NICEVILLE, FL 32578

FEI Number: 90-0055754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KATHY A
1305 BAYSHORE DR.
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

JONES, KATHY A
1663 NORTHRIDGE RD.
NICEVILLE, FL 32578 US

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.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, ELMER E
Address: 1305 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: O () Delete
Name: FENDLEY, MATTHEW J
Address: 114 REDWOOD AVE #27
City-St-Zip: NICEVILLE, FL 32578

Title: O () Delete
Name: RUEGAMER, DANA L
Address: 231 THOMAS CT NW
City-St-Zip: FORT WALTON BEACH, FL 32540

Title: D (X) Delete
Name: JONES, KATHY A
Address: 1305 BAYSHORE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete
Name: JONES, ELMER E
Address: 1305 BAYSHORE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: O (X) Delete
Name: SEGERSON, JASON
Address: PO BOX 6086
City-St-Zip: MIRMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, ELMER E
Address: 1663 NORTHRIDGE RD.
City-St-Zip: NICEVILLE, FL 32578

Title: O (X) Change () Addition
Name: FENDLEY, MATTHEW J
Address: 1004 ALDERWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change () Addition
Name: JONES, KATHRYN A
Address: 1663 NORTHRIDGE RD.
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY JONES

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date