


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90027 011 ***150.00

DOCUMENT # P02000043946					
1. Entity Name EL SEGUNDO, INC.					
Principal Place of Business 8120 ATLANTIC BLVD JACKSONVILLE FL 32211			Mailing Address 8120 ATLANTIC BLVD JACKSONVILLE FL 32211		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2044994	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOYLE, WILLIAM E 2002 SOUTHSIDE BLVD STE 201 JACKSONVILLE FL 32211			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULIER, DAVID L 8120 ATLANTIC BLVD <i>address chg</i> JACKSONVILLE FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11136 LANDS END LANE JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPROWELL, THOMAS W 127 FIRST AVEN <i>Address Chg</i> JACKSONVILLE BEACH FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	99 Voyager Ct. Ponte Vedra Beach, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, VINCE 127 FIRST AVEN <i>Address chg</i> JACKSONVILLE BEACH FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 PINE ST. ATLANTIC BEACH, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: *David Boulie* **DAVID BOULIER** *1/27/04* **904-727-5056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #