



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90004 004 \*\*\*150.00

<b>DOCUMENT # P02000052563</b> 1. Entity Name <b>THIES &amp; WHITTINGTON, P.A.</b>					
Principal Place of Business <b>2301 PARK AVE., SUITE 403 ORANGE PARK, FL 32073</b>				Mailing Address <b>2301 PARK AVE., SUITE 403 ORANGE PARK, FL 32073</b>	
2. Principal Place of Business <b>712-A North Pine Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>712-A North Pine Street</b> Suite, Apt. #, etc.			
City & State <b>Green Cove Springs, FL</b> Zip <b>32043</b> Country <b>USA</b>		City & State <b>Green Cove Springs, FL</b> Zip <b>32043</b> Country <b>USA</b>		4. FEI Number <b>03-0438588</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>THIES, JAMES R SR. 2301 PARK AVE., SUITE 403 ORANGE PARK, FL 32073</b>			7. Name and Address of New Registered Agent Name <b>James R. Thies, Sr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>712-A North Pine Street</b> City <b>Green Cove Springs</b> FL <b>32043</b>		
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 <u><b>James R. Thies, Sr.</b></u> DATE <b>3.2.04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 THIES, JAMES R SR. 2301 PARK AVE., SUITE 403 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thies, James R., Sr. 712-A North Pine Street Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTINGTON, STEVEN B 2301 PARK AVE., SUITE 403 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whittington, Steven B. 712-A North Pine Street Green Cove Springs, FL 32043	<input checked="" 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
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: <u><b>James R. Thies, Sr.</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3.2.04</b> Daytime Phone # <b>904-284-2970</b>		