

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061728

FILED
Apr 30, 2004
Secretary of State

Entity Name: DOCUMENT IMAGING OF JACKSONVILLE, INC.

Current Principal Place of Business:

11 N OCEAN ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

15 N OCEAN ST.
JACKSONVILLE, FL 32202

Current Mailing Address:

11 N OCEAN ST
JACKSONVILLE, FL 32202

New Mailing Address:

15 N OCEAN ST
JACKSONVILLE, FL 32202

FEI Number: 73-1644230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, KENNETH R
11 N OCEAN ST
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

WATSON, KENNETH R
15 N OCEAN ST
JACKSONVILLE, FL 32202

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: WATSON, KENNETH R
Address: 11 N OCEAN ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: WATSON, KAREN L
Address: 11 N OCEAN ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: SCHOBBER, SCOTT D
Address: 11 N OCEAN ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: SCHOBBER, JEANNE S
Address: 11 N OCEAN ST
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SHOBER, SCOTT D
Address: 11 N OCEAN ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: SHOBER, JEANNE S
Address: 11 N OCEAN ST
City-St-Zip: JACKSONVILLE, FL 32202

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: SCOTT D. SHOBER

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date