

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P02000063037</b> 1. Entity Name <b>VEUXURE, INC.</b>						FILED 04 APR -2 PM 12:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA  MOORE CR2E034 (11/03)	
Principal Place of Business <b>3131 ST. JOHNS BLUFF RD JACKSONVILLE FL 32246</b>				Mailing Address <b>3131 ST. JOHNS BLUFF RD JACKSONVILLE FL 32246</b>			
2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>03-0469171</b>		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WILLIAMS, MICHAEL P 3131 ST. JOHNS BLUFF RD JACKSONVILLE FL 32246</b>				Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Rd.</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</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 				<b>John J. Linnihan, Asst. V.P.</b> <b>4/01/2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STEELE, ALLEN J</b>			NAME			
STREET ADDRESS	<b>3131 ST JOHNS BLUFF RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PIATAK, THOMAS W</b>			NAME	<b>600032495826</b> <b>04/12/04--01115--011 **150.00</b>		
STREET ADDRESS	<b>3131 ST JOHNS BLUFF RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BARBER-ASHMORE, LORAH</b>			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>3131 ST JOHNS BLUFF RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STONIER, DAVID D</b>			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>3131 ST JOHNS BLUFF RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAMS, MICHAEL D</b>			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>3131 ST JOHNS BLUFF RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 				<b>Gary Millard</b> <b>3/19/04</b> <b>901 7942225</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

2003-2004 Officers and Directors  
VEXURE, INC.

Allen Steele—Director, Chairman of the Board of Directors/Chief Executive Officer  
3131 St. Johns Bluff Road, Jacksonville, FL 32246

Thomas Piatak—Director and President and Chief Operating Officer  
3131 St. Johns Bluff Road, Jacksonville, FL 32246

Lanny Vaughn—Director  
8295 Tournament Dr. #150, Memphis, TN 38125

York Ishikawa—Director  
8295 Tournament Dr. #150, Memphis, TN 38125

Paul Stewart—Director and Secretary  
8295 Tournament Dr. #150, Memphis, TN 38125

Gary Millard—Treasurer  
8295 Tournament Dr. #150, Memphis, TN 38125

Michael Williams— Assistant Secretary, Vice-President and General Counsel  
3131 St. Johns Bluff Road, Jacksonville, FL 32246

David Stonier—Executive Vice President  
3131 St. Johns Bluff Road, Jacksonville, FL 32246

Lorah Barber-Ashmore—CFO  
3131 St. Johns Bluff Road, Jacksonville, FL 32246