

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90952 044 \*\*\*150.00

**DOCUMENT # P02000103575**

1. Entity Name  
**CANNON MINING, INC.**



Principal Place of Business  
**12009 FLORIDA WOODS LANE  
ORLANDO FL 32824**

Mailing Address  
**12009 FLORIDA WOODS LANE  
ORLANDO FL 32824**



2. Principal Place of Business  
**29 Heights Ave**

3. Mailing Address  
**29 Heights Ave**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Frostproof FL**

City & State  
**Frostproof FL**

4. FEI Number  
**54-2075583**

Applied For  
Not Applicable

Zip Country  
**33843 Polk**

Zip Country  
**33843 Polk**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANNON, JAMES R  
12009 FLORIDA WOODS LANE  
ORLANDO FL 32824**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CANNON, JAMES R**  
CITY-ST-ZIP **12009 FLORIDA WOODS LANE  
ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CANNON, JASON W**  
CITY-ST-ZIP **938 JADESTONE CIRCLE  
ORLANDO FL 32828**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12009 Florida Woods Lane**  
CITY-ST-ZIP **Orlando, FL 32824**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CANNON, MARCELLE P**  
CITY-ST-ZIP **29 HEIGHTS AVENUE  
FROSTPROOF FL 33843**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CANNON, JOSEPH R**  
CITY-ST-ZIP **419 SOUTH SUMMERLIN AVENUE  
ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James R. Cannon 4-1-03 407-857-7574**  
Date Daytime Phone #

CR2E034 (10/02)