2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: MICHAEL DENNIS JAMES
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNATURE OR DISNECTOR

FILED
Apr 29, 2004 08:00 AM
Secretary of State

¥ 04/28/04 Dets (904)693-7322 Osytime Phone #

			<u> </u>		Sec	retary of State
1. Entity Name	WENT # P020001065 use forwarding, inc.	555				zetary or state
Principal Place	e of Business	Mailing Address		Į		
6640 SUEMA	C PI	6640 SUEMAC PL				
	E, FL 32254	JACKSONVILLE, FL 32254				
3.10.10.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			·.	04252004	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number		Applied For
				14-1849		Not Applicable
				E Cadificate a	of Chatrin Denirord	\$8.75 Additional
		The second secon		5. Cermicale o	f Status Desired	Fee Required
	6. Name and Address of Current R	gistered Agent	T	·		
JAMES, DENNIS 11402 RIVER KNOLL DRIVE JACKSONVILLE, FL 32225			DO NOT WRITE IN THIS SPACE			
			<u></u>		and the second s	
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						
	ordinating that a historians of addition should be	Saw it distriction	S Ferning Reserve require	2 W. W. S.		*1
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	U00000 04/29/04-	1137567 -80047-003 150.00
10	OFFICERS AND D	RECTORS				
TITLE	PD		1			
NAME	ROBISON, ROBERT B					
STREET ADDRESS	7633 VALE DR					
City-St-Zip	JACKSONVILLE, FL 32221					
IIILE	VPSD		1			
NAME	JAMES, DENNIS	I				
STREET ADDRESS	11402 RIVER KNOLL DR	1				
CITY-ST-ZIP	JACKSONVILLE, FL 32225		Ī			
TITLE			1			
NAME	<u> </u>		1			
STREET ADDRESS					110T 11	r inne francisco
CITY-ST-ZIP	***		i	DO	NOT W	'KIIE
	 	<u> </u>	-1			
TITLE			1	IN T	THIS SF	ACE
NAME						
STREET ADDRESS	Autorior		Ī			
CITY-ST-ZIP	 	<u>. "</u> . "	 ·	-		
TITLE			1			
name.	Reservoire.		1			
STREET ADDRESS	· Amademic		I			
CITY - ST - ZIP	<u></u>	<u> </u>	_[
tille			1			
NAME	Property		1			
STREET ADDRESS	2		1			
CITY-ST-ZIP	ļ	" . <u></u> ≕	,1		esemble for the state of the st	The same of the sa
12. I hereby i	certify that the information supplied with t	his filing does not qualify for the ex	emption stated in S	ection 119.07(3)(ii), Florida Statutes.	I further certify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 em an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if						
changed or the cor	rporation or the receiver of trustee empore, or on an attachment with an address with	th all other like empowered.	mad by Chapter DL	n i i ionoa siaiu(et	elector recently right	appears in alone in at Blook 11 it