

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000111655

1. Entry Name
ACTION LEGAL COPY SERVICE OF JACKSONVILLE, INC.



Principal Place of Business
**100 W. BAY ST.
SUITE 602
JACKSONVILLE, FL 32202 US**

Mailing Address
**100 W. BAY ST.
SUITE 602
JACKSONVILLE, FL 32202 US**



05112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0037483

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WICKES, LESLIE A ESQ.
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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 fee if applicable. (NOTE: Registered Agent signature required when certifying) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: MEYER, DANIEL R
STREET ADDRESS: 200 EAST COLLEGE AVE.
CITY-STATE-ZIP: TALLAHASSEE, FL 32301

TITLE: S, T
NAME: MILLICAN, DAVID T
STREET ADDRESS: 200 EAST COLLEGE AVE.
CITY-STATE-ZIP: TALLAHASSEE, FL 32301

TITLE: VP
NAME: INNES, ROBERT III
STREET ADDRESS: 100 W BAY ST, SUITE 602
CITY-STATE-ZIP: JACKSONVILLE, FL 32202

TITLE: CFO
NAME: SULLIVAN, MARK E
STREET ADDRESS: 12195 HWY 92, SUITE 114
CITY-STATE-ZIP: WOODSTOCK, GA 30188

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

000000180345
05/13/04-80018-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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: Mark E Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04 (770) 928-4562
Date Daytime Phone #