2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P02000117775

Entity Name: RELIANCE SUPPLY OF JACKSONVILLE, INC.

Current Principal Place of Business:

219 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205

New Principal Place of Business:

219 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32254

Current Mailing Address:

P.O. BOX 6833
JACKSONVILLE, FL 322366833

New Mailing Address:

FEI Number: 01-0749907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRYL, ROBERT B
219 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205

Name and Address of New Registered Agent:

CARRYL, ROBERT B
219 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32254

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: 01/05/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARRYL, ROBERT B
Address: 219 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: CARRYL, SHERI M
Address: 219 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CARRYL, ROBERT B
Address: 219 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32254

Title: D (X) Change ( ) Addition
Name: CARRYL, SHERI M
Address: 219 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32254

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: ROB CARRYL D 01/05/2004
Electronic Signature of Signing Officer or Director — Date