

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000134236

1. Entity Name

RICHARD JEFFCOAT, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 23 AM 8:00

Principal Place of Business

13235 SE 100TH COURT
OCKLAWAHA FL 32179

Mailing Address

13235 SE 100TH COURT
OCKLAWAHA FL 32179

2. Principal Place of Business

13235 SE 110th Ct

3. Mailing Address

PO Box 744

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCKLAWAHA FL

City & State

OCKLAWAHA FL

Zip

32179

Country

U.S.

Zip

32183

Country

U.S.

6. Name and Address of Current Registered Agent

JEFFCOAT, SUSANNE
13235 SE 110TH COURT
OCKLAWAHA FL 32179

MOORE CR2E034 (11/03) *MRD*

4. FEI Number 57-1143134 Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name *Susanne Jeffcoat*

Street Address (P.O. Box Number is Not Acceptable)

13235 SE 110th Ct

City

OCKLAWAHA

FL Zip Code 32179

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 *Susanne Jeffcoat* Susanne Jeffcoat T,S

DATE 2/19/04

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	P JEFFCOAT, RICHARD 13235 SE 110TH COURT OCKLAWAHA FL 32179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900029955059 03/05/04--01030--009 **13.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S JEFFCOAT, SUSANNE 13235 SE 100TH COURT OCKLAWAHA FL 32179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Susanne Jeffcoat</i> 13235 SE 110 th Ct OCKLAWAHA FL 32179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susanne Jeffcoat* Susanne Jeffcoat T,S 2/19/04 352-427-1426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #