2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 8:00 am Secretary of State 04-01-2004 90016 008 ***150.00

DOCUMENT # P03000011114 1. Entity Name C & R ENTERPRISES OF JACKSONVILLE, INC.							04-01-20	04 90016 008 *	**150.00	
Principal Place of Business 6721 STUART AVE #9 JACKSONVILLE, FL 32254			Mailing Address 6721 STUART AVE # JACKSONVILLE, FL 3			1 22 22 orin 224 204 204	. 1595 Ann deu fron deu de	IEBI IS IPBI		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01092004	Chg-P	CR2E034 (10/03)			
City & State			City & State	•	4. FEI Numb	834 7738	Ap No	plied For t Applicable		
Zip	Zip Country		Zip Coun		itry	1	of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name en	Address of New Re	gistered Agent		
COMBS. C	ARY'S				Name		- 			
672: STUART AVE #9 JACKSONVILLE, FL 32254					-Street Address	s (P.O. Box Numb	er is Not Acceptable			
·					City			FL Zip Cod	9	
S. 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 Separate proof or precised name of registered agent and title a opportunitie. (NOTE, Registered Agent signature required error rematating) DATE										
SIGNATURE.	Sunafre from	or protect name of registered agent	and title it applicable. (h	OTE, Registere	id Agent signature requi	rad when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND	DIRECTORS	11,	•	ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTORS	S IN 11	
TITLE	DP Delete				<u> </u>		☐ Change ☐ Addition			
NAME STREET ADDRESS	COMBS, 6721 STL	GARY S JART AVE #9		MAN STR	EE I ADDRESS					
CITY-ST-ZIP		NVILLE, FL 32254		City	-S1-ZIP					
TITLE NAME	Story	1 & 5 JAMES W	☐ Delete	I)TL				☐ Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP	6721 STL	JART AVE #9 NVILLE, FL 32254		SIR	CET ADORESS '-SI-ZIP					
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CITY-ST-ZIP				ÇITY	-SI-ZIP	· ·				
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STREET ADDRESS	}				FET ADDRESS (-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not quality 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 trusted empowered to execute his 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 addless, with all other like empowered. SIGNATURE: SIGNATURE										
	·	SIGNATURE AND EY ED OR I	PRINTED NAME OF SIGNING OFFI	ER OR DIREC	TOR		Date	Dayterie Phone #		