2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State
06-02-2004 90001 009 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000012035

1. Entity Name

777 COMPLETE MANAGEMENT ENTERPRISE, INC.

Principal Place of Business	Mailing Address
7052 103RD STREET SUITE 301 JACKSONVILLE FL 32210 US	7052 103RD STREET SUITE 301 JACKSONVILLE FL 32210 US

2. Principal Place of Business	3. Mailing Address
5202 La Ventura DR E	5202 La Ventura DR E
Suite, Apt. #, etc.: 1701	Suite, Apt. #, etc.: 1701
City & State: JACKSONVILLE FL	City & State: Jacksonville FL
Zip: 32210 Country:	Zip: 32210 Country:

4. FEI Number: 37-1471246 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFERSON-GIVENS, TINA R ~~7052 103RD STREET~~ 5202 LA VENTURA DR E ~~#301~~ 1701 JACKSONVILLE, FL FL 32210- US	Name: TINA R JEFFERSON Street Address (P.O. Box Number is Not Acceptable): 5202 La Ventura DR E #1701 City: JACKSONVILLE FL Zip Code: 32210

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: Tina Jefferson 4/18/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PRES JEFFERSON, TINA R 7052 103RD STREET, # 301 JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT TOMI PEAK 5202 La Ventura DR E JACKSONVILLE FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURY TINA R JEFFERSON 5202 La Ventura DR E 1701 JACKSONVILLE FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JUSTINA L WRIGHT PO BOX 6242 JACKSONVILLE FL 32236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JINA DE MIXSON PO BOX 6242 JACKSONVILLE FL 32236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR VANDERLYN JOHNSON PO BOX 6242 JACKSONVILLE FL 32236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Tina R Jefferson 4/25/2004 (904) 777-2635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #