

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90041 047 \*\*\*150.00

|  |  |
|--|--|
| <b>DOCUMENT # P03000015226</b>                                   |  |
| 1. Entity Name<br><b>MIA &amp; COMPANY OF JACKSONVILLE, INC.</b> |  |



|   |  |
|---|--|
| Principal Place of Business<br><b>10100 BAYMEADOWS RD #318<br/>JACKSONVILLE, FL 32256</b> | Mailing Address<br><b>BOX 161<br/>9802 BAYMEADOWS RD STE 12<br/>JACKSONVILLE, FL 32256</b> |
|---|--|

**94058604**



|  |                     |
|--|---------------------|
| 2. Principal Place of Business<br><b>613 Cherry Street</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |

04122004 Chg-P CR2E034 (10/03)

|  |              |
|--|--------------|
| City & State<br><b>Neptune Beach, FL</b> | City & State |
| Zip<br><b>32266</b>                      | Country      |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>56-2316937</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>HERMAN, CAROLYN<br/>830 S THIRD ST #104<br/>JACKSONVILLE BEACH, FL 32250</b> |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |  |
| City   |  |
| <b>FL</b> Zip Code   |  |

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent        |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable) |  |
| City   |  |
| <b>FL</b> Zip Code                                 |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CHAMBERS, MIA D<br/>10100 BAYMEADOWS RD #318<br/>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Chambers, Mia<br/>613 Cherry Street<br/>Neptune Beach, FL 32266</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Mia D Chambers **4-19-04** **(904) 874-8726**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #