
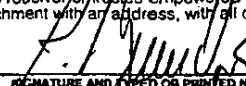


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-17-2004 90041 033 ***150.00

DOCUMENT # P03000034510 1. Entity Name CAPITAL ANALYSTS WEALTH ADVISORS OF JACKSONVILLE, FLORIDA, INC.					
Principal Place of Business 8160 BAYMEADOWS WAY WEST SUITE 310 JACKSONVILLE FL 32256			Mailing Address 8160 BAYMEADOWS WAY WEST SUITE 310 JACKSONVILLE FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OGIER, R. BRUCE 8160 BAYMEADOWS WAY WEST SUITE 310 JACKSONVILLE FL 32256				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OGIER, R. BRUCE		NAME		
STREET ADDRESS	4064 PONTE VEDRA BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32250		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, M. ELAINE		NAME		
STREET ADDRESS	628 SECOND STREET		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE FL 32266		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORDELON, SHERYL P		NAME		
STREET ADDRESS	12775 BURNING TREE LANE WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Mouro, Mark A.	
STREET ADDRESS			STREET ADDRESS	1379 Mallard Landing Blvd. N.	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R. Bruce Ogier		
			Date 2/13/04 904 730 7433		
			Daytime Phone #		