


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90068 001 ***150.00

DOCUMENT # P03000060408	
1. Entity Name KAREN RAE ADVERTISING INC.	

Principal Place of Business 3833 DRAYTON MILL COURT JACKSONVILLE FL 32224	Mailing Address 3833 DRAYTON MILL COURT JACKSONVILLE FL 32224
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2. Principal Place of Business 3833 Drayton Mill Ct.	3. Mailing Address 3833 Drayton Mill Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville Florida	City & State Jacksonville Florida
Zip 32224	Zip 32224
Country United States	Country United States



MOORE CR2E034 (11/03)

4. FEI Number 20-0025166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HICKAM, KAREN R 9727 TOUCHTON ROAD 1608 JACKSONVILLE FL 32246		7. Name and Address of New Registered Agent Name HICKAM, KAREN R Street Address (P.O. Box Number is Not Acceptable) 3833 Drayton Mill Ct City Jacksonville FL Zip Code 32224	
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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 **Karen R Hickam** (NOTE: Registered Agent signature required when reinstating) DATE **3/16/04**

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HICKAM, KAREN R 9727 TOUCHTON ROAD #1608 JACKSONVILLE FL 32246 <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	VP HICKAM, KEVIN M 9727 TOUCHTON ROAD #1608 JACKSONVILLE FL 32246 <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: **Karen R Hickam** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/16/04** Daytime Phone # **904-821-2136**