

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90005 025 \*\*\*158.75

**DOCUMENT # P03000086479**

1. Entity Name

HAUGHTON & COMPANY, INC.



Principal Place of Business

2823 IONIC AVENUE  
JACKSONVILLE FL 32210

Mailing Address

2823 IONIC AVENUE  
JACKSONVILLE FL 32210

2. Principal Place of Business

4575 St. Johns Avenue

Suite, Apt. #, etc.

2

3. Mailing Address

4575 St. Johns Avenue

Suite, Apt. #, etc.

2

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32210

Country

USA.

Zip

32210

Country

USA.

4. FEI Number

90-0123240

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

BROOKS, THOMAS W III  
1301 RIVERPLACE BLVD., SUITE 2014  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

TITLE D ☐ Delete  
NAME HAUGHTON, MALACHI IV  
STREET ADDRESS 2823 IONIC AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Delete  
NAME HAUGHTON, MALACHI III  
STREET ADDRESS 3579 HERSCHEL STREET  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Chairman & President* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 4575 St. Johns Ave #2  
CITY-ST-ZIP Jacksonville, FL 32210

TITLE *Chairman Emeritus* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Secretary* ☐ Change ☒ Addition  
NAME *Susan R. Parker, Ph.D.*  
STREET ADDRESS *1671 Asturias St.*  
CITY-ST-ZIP *St. Augustine, FL 32080*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Malachi Haughton* Chairman & President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 904-403-0099

Date

Daytime Phone #