## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** ANNUAL REPORT **DOCUMENT # P03000087007** 01-12-2004 90025 038 \*\*\*150.00 1. Entity Name FRED M. CONE, P.A. 24001064 Principal Place of Business Mailing Address 701 RIVERSIDE PARK PLACE STE 110 701 RIVERSIDE PARK PLACE STE 110 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 2. Principal Place of Business 3. Mailing Address 50 N. Laura Street 50 N. Laura Street Suite, Apt. #, etc. Suite. Apt. #, etc 01072004 CR2E034 (10/03) Suite 2600 Suite 2600 City & State City & State 4, FEI Number Applied For Jacksonville, FL Not Applicable Jacksonville 20-0142531 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 32202 USA USA .l 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Cone, Jrza Fred M. CONE, FRED M Street Address (P.O. Box Number is Not Acceptable) 701 RIVERSIDE PARK PLACE STE 110 2600 50 N. Laura Street, Ste JACKSONVILLE, FL 32204 Zn Code 32202 Jacksonville 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 purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purpose of changing its registered agent, or both, in the State of Florida. /7/04 re, typed or price de o'Moster Ganters de Triscaple (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Change Addition P/S NAME MAME Fred M. Cone, Jr. STREET ADDRESS STREET ADDRESS 50 N. Laura St., Ste. 2600 Jacksonville, FL 32202 CHY-SI-ZIP CITY-SI-ZIP Defete TITLE ☐ Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-ST-ZIP Dalete TITLE Спалое Addition 7111.5 15378 MAME STREET ADORESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE TIRE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE Change Addition TAILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY/\$1-ZIP ☐ Change . 🔲 Addition ☐ Delete . . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7IP 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 octrustee 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.

TYPE OR PHINTED MANE OF SEMING OFFICER OR DIRECTOR . Tresident/Corp.

FILED Jan 12, 2004 8:00 am

1/7/04

Date / 1 / 1 ) 4

(904) 598-6108