


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90025 038 \*\*\*150.00

DOCUMENT # P03000087007	
1. Entity Name FRED M. CONE, P.A.	

Principal Place of Business 701 RIVERSIDE PARK PLACE STE 110 JACKSONVILLE, FL 32204	Mailing Address 701 RIVERSIDE PARK PLACE STE 110 JACKSONVILLE, FL 32204
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24001064



2. Principal Place of Business 50 N. Laura Street Suite, Apt. #, etc. Suite 2600 City & State Jacksonville, FL Zip 32202 Country USA	3. Mailing Address 50 N. Laura Street Suite, Apt. #, etc. Suite 2600 City & State Jacksonville, FL Zip 32202 Country USA
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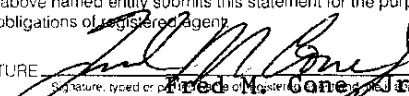
01072004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0142531	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

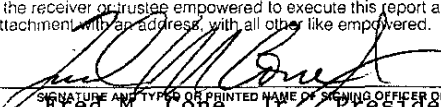
6. Name and Address of Current Registered Agent CONE, FRED M 701 RIVERSIDE PARK PLACE STE 110 JACKSONVILLE, FL 32204
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7. Name and Address of New Registered Agent Name Cone, Fred M. Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street, Ste. 2600 City Jacksonville FL Zip Code 32202
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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  DATE 1/7/04 (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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:  DATE 1/7/04 (904) 598-6108 Fred M. Cone, Jr., President/Corp. Secretary	