

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093804

FILED
Jan 23, 2004
Secretary of State

Entity Name: EASTERLY ENTERPRISES, INC.

Current Principal Place of Business:

P.O. BOX 5156
JACKSONVILLE, FL 32247 51

New Principal Place of Business:

P.O. BOX 351537
JACKSONVILLE, FL 32235 51

Current Mailing Address:

P.O. BOX 5156
JACKSONVILLE, FL 32247 51

New Mailing Address:

P.O. BOX 351537
JACKSONVILLE, FL 32232235 51

FEI Number: 20-0116041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASTERLY, DREAMA D
5350 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

EASTERLY, DREAMA D
3435 CULLENDON LANE
JACKSONVILLE, FL 32225 US

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.

SIGNATURE:

01/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EASTERLY, DREAMA D
Address: P.O. BOX 5156
City-St-Zip: JACKSONVILLE, FL 32247 51

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EASTERLY, DREAMA D
Address: P.O. BOX 351537
City-St-Zip: JACKSONVILLE, FL 32235 51

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DREAMA D EASTERLY

P

01/23/2004

Electronic Signature of Signing Officer or Director

Date