2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105584

Entity Name: LHI JACKSONVILLE CORP.

FILED Apr 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4512 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

4512 NORTH FLAGLER DRIVE PO BOX 6848

WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 334056848

FEI Number: 13-4266145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAY, MARK R
4512 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

MAY, MARK R
4512 NORTH FLAGLER DRIVE
SUITE 201

WEST PALM BEACH, FL 33407

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: MARK R. MAY 04/06/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DP (X) Change () Addition

Name: MAY, MARK R Name: MAY, MARK R

Address: 4512 NORTH FLAGLER DRIVE Address: 4512 NORTH FLAGLER DRIVE STE 201

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete Title: VP () Change (X) Addition

Name: Name: KAROSAS, MICHAEL R

Address: Address: 4512 NORTH FLAGLER DRIVE SUITE 201

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407

Title: CFOT () Change (X) Addition

Name: COVE, MICHAEL L

Address: Address: 4512 NORTH FLAGLER DRIVE SUITE 201

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407

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: MARK R. MAY DP 04/06/2004