


2004 FOR PROFIT CORPORATION ANNUAL REPORT

10/1/2004-96002-033-\$150.00-\$150.00

DOCUMENT # P03000110348 1. Entity Name ROADScape NORTH FLORIDA, INC.			
Principal Place of Business 5072 PICKETTVILLE ROAD JACKSONVILLE, FL 32254		Mailing Address PO BOX 40886 JACKSONVILLE, FL 32203	
2. Principal Place of Business 1727 HELENA ST Suite, Apt. #, etc. J		3. Mailing Address P.O. Box 26736 Suite, Apt. #, etc.	
City & State JACKSONVILLE FL 32208		City & State JAX. FL 32226	
Zip	Country	Zip	Country
4. FEI Number 20-0223184		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, GUY V THE SCHULTZ BUILDING 118 WEST ADAMS STREET, SUITE 320 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name LAZETTE SALEEM Street Address (P.O. Box Number is Not Acceptable) 3717 Lydia Estates DR. City JAX FL 32218	
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: <i>Lazette Saleem</i> <small>Signature or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete NAME GRAHAM JR., MARION STREET ADDRESS PO BOX 43186 CITY-ST-ZIP JACKSONVILLE, FL 32203	TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DANIEL EDWARDS STREET ADDRESS 10535 LEM TURNER RD # 404 CITY-ST-ZIP JAX. FL 32218		
TITLE D <input checked="" type="checkbox"/> Delete NAME SALEEM, BILAL STREET ADDRESS 3717 LYDIA ESTATES DR CITY-ST-ZIP JACKSONVILLE, FL 32218	TITLE VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME TAMIR SHABAZZ STREET ADDRESS 10535 LEM TURNER RD CITY-ST-ZIP JAX, FL 32218		
TITLE PRESIDENT <input checked="" type="checkbox"/> Delete NAME BILAL SALEEM STREET ADDRESS 3717 LYDIA ESTATES DR CITY-ST-ZIP JAX. FL 32218	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VICE-PRESIDENT <input checked="" type="checkbox"/> Delete NAME DANIEL S. EDWARDS STREET ADDRESS 10535 LEM TURNER RD # 404 CITY-ST-ZIP JAX. FL 32208	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Daniel Edwards</i> <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 10/1/04 <small>Date Daytime Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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