

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121819

FILED
Apr 06, 2004
Secretary of State

Entity Name: DIGITAL INNOVATIONS OF JACKSONVILLE, INC.

Current Principal Place of Business:

544 BELMONT CT.
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

544 BELMONT CT.
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 20-0351290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAMULARO, FRANCESCA
544 BELMONT CT.
ORANGE PARK, FL 32073

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAMULARO, FRANCESCA
Address: 544 BELMONT CT.
City-St-Zip: ORANGE PARK, FL 32073

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: FAMULARO, FRANCESCA
Address: 544 BELMONT CT.
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Change (X) Addition
Name: FAMULARO, FRANCESCA
Address: 544 BELMONT CT.
City-St-Zip: ORANGE PARK, FL 32073

Title: T () Change (X) Addition
Name: FAMULARO, FRANCESCA
Address: 544 BELMONT CT.
City-St-Zip: ORANGE PARK, FL 32073

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: FRANCESCA FAMULARO

D

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date