2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with any

SIGNATURE:

Secretary of State DOCUMENT # P03000131165 03-05-2004 90020 014 ***150.00 JENKINS, STANFORD & ASSOCIATES, INC. Principal Place of Business Mailing Address 4436 SOUTHMINSTER CIR 4436 SOUTHMINSTER CIR NICEVILLE, FL 32578 NICEVILLE, FL 32578: J 2. Principal Place of Business 3. Mailing Address 1234 Airport Ro 1234 Airport Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 Chg-P CR2E034 (10/03) Suite 124 Suite 126 City & State 4. FEI Number Applied For &Stin Destin 54-2134238 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32541 32541 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ocott Jenkins WENTZ, AARON B ESQUIRE Box Number is Not Acceptable? 1117-EGLIN PKWY SHALIMAR, FL 32479 126 25tin 8. The above named entity submits this systement 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 (NOTE: Registered Agent signature required when reinstating) nt and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE Change Addition Stanford Jr. Edwin L. STANFORD, JR., EDWIN L NAME NAME STREET ADDRESS 4003 DRIFTING SAND TRAIL STREET ADDRESS 1234 Airport Rd, Ste 126 CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP Destin, FL 32541 Change Change ☐ Addition TITLE ☐ Delete TITLE Jenkins, M. Scott JENKINS, MICHAEL S NAME NAME 1234 Airport Rd, Ste 126 4436 SOUTHMINSTER CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-7IP Destin, FL 32541 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME (STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Channe ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Wered

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 05, 2004 8:00 am