


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90028 019 ***158.75

DOCUMENT # P03000136873
 1. Entity Name
 R. WARD, INC.



Principal Place of Business Mailing Address
 1 SLEIMAN PKWY STE 220 JACKSONVILLE, FL 32216
 1 SLEIMAN PKWY STE 220 JACKSONVILLE, FL 32216

94021482



2. Principal Place of Business 3. Mailing Address
 1 Sleiman Parkway 1 Sleiman Parkway
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 220 Suite 220

02172004 Chg-P CR2E034 (10/03)

City & State City & State
 Jacksonville, FL Jacksonville, FL

4. FEI Number Applied For
 04-3785053 Not Applicable

Zip Country Zip Country
 32216 Duval 32216 Duval

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WARD, RON 728 15TH AVE SOUTH JACKSONVILLE, FL 32216 Jacksonville Beach, FL 32250		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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: Ronald Ward DATE: 2-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, RON 728 15TH AVE SOUTH JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ronald Ward 728 15th Avenue South Jacksonville Beach, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ronald Ward DATE: 2-20-04 DAYTIME PHONE #: 904.731.8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR