FILED Apr 30, 2004 8:00 am Secretary of State 04-16-2004 90083 034 ***150.00

4/16/20

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139965 1. Entity Name CENCI-MORRIS CO., INC.							
Principal Place of Business Mailing Address			 -		U		
2406 N. LIBE Jacksonvill	E, FL 32206	2406 N. LIBERTY S Jacksonville, Fl			ן	1 10 P 1	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122004 Chg-P CR2E034 (10/03)		
City & State		City & State			4. FEI Number 20-0431893 Not Applie	d For plicable	
Zip	Country Zip		Coun	itry	5. Certificate of Status Desired SB.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name and Address of New Registered Agent		
CENCI, MICHAEL 2406 N. LIBERTY ST JACKSONVILLE, FL 32206				Street Address (P.O. Box Number is Not Acceptable)			
~		•,		City	FL Zip Code		
	named entity submits this statementions of registered agent.	it for the purpose of changin	g its register	ad office or register	ered agent, or both, in the State of Florida. I am familiar with, and	accept	
SIGNATURE_	Signature, typed or printed name of registered a	gent and stile if applicable.	(NOTE: Registere	d Agent Fighthure requires	red when reinstating) DATE	- }	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Ca Trust Fund 0	mpaign Finar Contribution,		5.00 May Be ided to Fees		
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
title Name	,			E Æ	Change C] Addition	
STREET ADDRESS CITY-ST-ZIP	6340 CUSTER RD ORANGE PARK, FL 32065			EET ADDRESS '-ST-ZIP			
TITLE HAME	VP JOHN, MORRIS	☐ Delete	TITLI NAM	- ì	☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP	292 MINER RD YULEE, FL. 32097		STRE	EET ADDRESS '-ST-ZIP			
TITLE _		☐ Delete	ıııı	- I _	☐ Change ☐	Addition	
HAME STREET ADORESS CITY-ST-ZIP				TE EET ADORESS '-ST-ZIP			
TITLE — HAME STREET ADDRESS		□ Delete	FITL Nam Str	•	- Change C	Addition	
DITLE		☐ Defete	tm	F-51-20P	☐ Change] Addition	
NAME STREET ADDRESS CITY+ST-ZIP				AE EET ADORESS (-ST-ZIP			
TITLE		☐ Oelete		E	: Change] Addition	
NAME STREET ADDRESS CITY-ST-ZIP	_		. STR	RET ADDRESS Y-ST-ZIP	-		
indicated of the co	tion this report or supplemental rep	ort is true and accurate and t empowered to execute this re	that my signs pag as requ	iture shall have the	Section 119.07(3)(i), Florida Statutes. I further cartily that the infor- ie same legal effect as if made under cath; that I am an officer or i07, Florida Statutes; and that my name appears in Block 10 or Blo	director	
SIGNAT	TURE:		-e-		4-13-04 904-356-6	1417	