

FILED
May 03, 2004 8:00 am
Secretary of State

04-16-2004 90101 032 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

66418462



03242004 Chg-P CR2E034 (10/03)

4. FEI Number **20-6464866** Applied For ☐ Not Applicable ☐

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

HALL, CHARLES E.
77 ALMERIA ST.
ST. AUGUSTINE, FL 32085-4050

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

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	Delete
PSTD	HARRIS, JOHN M	213-A PALMETTO AVE.	ST. AUGUSTINE, FL 32084	☐
V	HELMS, RICHARD E	213-A PALMETTO AVE.	ST. AUGUSTINE, FL 32084	☒
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PVST	HARRIS, JOHN M.	213-A PALMETTO AVE	ST. AUGUSTINE, FL 32084	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 general 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04 904-827-9711

Date

Daytime Phone #