


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-23-2004 90253 045 ***150.00

DOCUMENT # P03000152993	
1. Entity Name HUGH BABCOCK, INC.	

Principal Place of Business 1432 LAWRENCE PLACE JACKSONVILLE FL 32211	Mailing Address 1432 LAWRENCE PLACE JACKSONVILLE FL 32211
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2. Principal Place of Business 1432 Lawrence Pl	3. Mailing Address 1432 Lawrence Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jax Fla	City & State Jax Fl
Zip 32211	Zip 32211
Country Oval	Country Oval

6. Name and Address of Current Registered Agent	
BABCOCK, HUGH 1432 LAWRENCE PLACE JACKSONVILLE FL 32211	

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABCOCK, HUGH 1432 LAWRENCE PLACE JACKSONVILLE FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Mc B 4/22/04 904-608-9364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #