


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90319 036 ***150.00

DOCUMENT # P04000002447 1. Entity Name YOURWISHES.NET, INC.					
Principal Place of Business 1112 THIRD STREET 7 NEPTUNE BEACH, FL 32266			Mailing Address P. O. BOX 50364 JACKSONVILLE BEACH, FL 32240-0364		
2. Principal Place of Business 1171 Beach Blvd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL		4. FEI Number 20-0533185	
Zip 32250		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, MICHEALYN C 1112 THIRD STREET 7 NEPTUNE BEACH, FL 32266			7. Name and Address of New Registered Agent Name: Michealyn C. Adams Street Address (P.O. Box Number is Not Acceptable): 1171 Beach Blvd. City: Jacksonville Beach FL Zip Code: 32250		
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: <u>Michealyn C. Adams</u> <u>Michealyn C. Adams</u> 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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 ADAMS, MICHEALYN C 1125 13TH AVENUE NORTH JACKSONVILLE BEACH, FL 322503636	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWMAN, JAMES C 8571 MCGLOTHLIN STREET JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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: <u>Michealyn C. Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: 4-26-04			Daytime Phone #: 904-247-8321		