## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P06027  1. Entity Name J & JD OF JACKSONVILLE, INC.    |  |  |                     |  |                           |  | Jan 12, 2004 08:00 AM<br>Secretary of State |                         |                     |                             |             |
|---|--|--|---------------------|--|---------------------------|--|---|-------------------------|---------------------|-----------------------------|-------------|
| Principal Place of Business 143 ANCHOR DRIVE VERO BEACH, FL 32963 |  |  | C/<br>1             | niling Address<br>10 BARRY MEHLER<br>140 CONNECTICUT AV<br>ASHINGTON, DC 200 | #803                      |  | E BERR BURR BERR HENDE                      |                         | TI( BIBI) KINII NIN |                             |             |
| 2. Principal Place of Business                                    |  |  |                     | 3. Mailing Address   |                           |  |   |                         |                     |                             |             |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc. |  |                           |  | 01052004                                    | Chg-P                   | CR2E                | 034 (10/03)                 |             |
| City & State  |  |  |                     | City & State   |                           | 4. FEI Numb<br>58-156  |   |                         |                     | pplied For<br>ot Applicable |             |
| Zip   | Country  |  |                     | čip  | try                       | 5. Certificate of Status Desired S8.75 Additional Fee Required |   |                         | litional<br>d       |                             |             |
| 6. Name and Address of Current Registered Agent                   |  |  |                     |  |                           | Name   | 7. Name and                                 | Address of New R        | egistered           | Agent                       |             |
| DURBIN, J<br>143 ANCH<br>VERO BEA                                 |  |  | Street Address      | (P.O. Box Numb   | er is Not Acceptable      | ∍)   |   |                         |                     |                             |             |
|   |  |  |                     |  |                           | City   |   |                         | FL                  | _   Zip Cod                 | e           |
| the obligat   | Signature, typed   | y submits this statement for tered agent.  For printed name of registered agent.                                     |                     | applicable. (NOT)  9. Election Campa   | E. Registere<br>ign Finar | d Agant signature require                                      |   | th, in the State of Flo | orida. I am<br>DATÉ | familiar with,              | and accept  |
|   |  | 4 Fee will be \$550.   |                     | Trust Fund Cont  | ribution.                 |  |   | CHANGÉS TO OFF          | ICERS ANI           | n DIRECTOR                  | S IÑ 11     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | PD Delete TITI DURBIN, JAMES E. NAM 1420 BEVERLY RD., #330 STR |  |                     |  |                           | E  | ABBITIONS                                   | U000000<br>01/13/04-6   | 102272              | ☐ Change                    | Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | S<br>DURBIN,   | JEAN<br>/ERLY RD., #330  |                     | ☐ Delete   |                           |  |   |                         |                     | Change                      | ☐ Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | 143 ANCI   | JAMES E<br>HOR DRIVE<br>FACH, FL 32963   |                     | ☐ Delete   |                           |  |   |                         |                     | ☐ Change                    | Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | ST<br>DURBIN,<br>ANCHOR<br>VERO BE                             |  |                     | □ Delete   |                           |  |   |                         |                     | ☐ Change                    | Addition    |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP                             |  |  |                     | ☐ Delete   |                           |  |   |                         |                     | ☐ Change                    | ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             |  |  |                     | ☐ Delete   |                           | · ·  |   |                         |                     | ☐ Change                    | Addition    |
| indicated<br>of the cor   | l on this repo<br>poration or t                                | e information supplied with<br>rt or supplemental report i<br>he receiver or trustee emp<br>achment with an address, | s true a<br>lowered | ind accurate and that r<br>I to execute this report                          | ny signa<br>as requi      | tita chall have the  | eama legal atte                             | ri as il made linder i  | nam mari            | am an officer               | or aireator |

SIGNATURE: James E. Bullon POSSIALN AMES E. DULLON DI OCO OY (202) 273-9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daysoné Priore #

**FILED**