


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90049 010 ***150.00


DOCUMENT # P93000040492	
1. Entity Name NORTH FLORIDA CORPORATION	

Principal Place of Business 5366 5TH ST ST. AUGUSTINE FL 32084 US	Mailing Address 5366 5TH ST ST. AUGUSTINE FL 32084 US
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2. Principal Place of Business 442 OCEAN FOREST DR.	3. Mailing Address 442 OCEAN FOREST DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32080	Country ST. JOHNS

24024841



MOORE CR2E034 (11/03)

4. FEI Number 59-3189349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRUSH, JOAN M 5366 5TH STREET ST AUGUSTINE FL 32084	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 442 OCEAN FOREST DR. City ST. AUGUSTINE FL Zip Code 32080	

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 PTS	<input type="checkbox"/> Delete	TITLE 442 OCEAN FOREST DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUSH, JOAN M		NAME ST. AUGUSTINE, FL 32080	
STREET ADDRESS 5366 5TH ST			
CITY-ST-ZIP ST. AUGUSTINE FL			
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COLE, SCOTT III		NAME	
STREET ADDRESS 311 WEFF RD		STREET ADDRESS	
CITY-ST-ZIP ST AUGUSTINE FL 32084		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Joan M Brush **JOAN M BRUSH** (404) 461-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #