

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000084669

FILED
May 03, 2004
Secretary of State

Entity Name: CLARKSON PROPERTY GROUP, INC.

Current Principal Place of Business:

3100 UNIVERSITY BLVD. S
SUITE 200
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

ATTN: GERALDINE G. BROWN
3100 UNIVERSITY BLVD. S., STE. 200
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3217822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GERALDINE G
3100 UNIVERSITY BLVD. S
SUITE 200
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLARKSON, CHARLES A
Address: 3100 UNIVERSITY BLVD S STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: WEATHERBY, JOHN F
Address: 3100 UNIVERSITY BLVD S STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV () Delete
Name: CLARKSON, ROBERT W
Address: 3100 UNIVERSITY BLVD. S. STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST () Delete
Name: CLARKSON, PATRICIA H
Address: 3100 UNIVERSITY BLVD. S., STE 200
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. CLARKSON

DP

05/03/2004

Electronic Signature of Signing Officer or Director

_____ Date