


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000049048 <small>1. Entity Name</small> LEWIS B. HUNTER, JR., P.A.	
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<small>Principal Place of Business</small> 4201 BAYMEADOWS RD STE 4 JACKSONVILLE, FL 32217 US	<small>Mailing Address</small> 4201 BAYMEADOWS RD STE 4 JACKSONVILLE, FL 32217 US
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 52-1689278	<small>Applied For</small> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, LEWIS B JR.
4201 BAYMEADOWS RD STE 4
JACKSONVILLE, FL 32217

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IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D HUNTER, LEWIS B JR. 4201 BAYMEADOW RD STE 4 JACKSONVILLE, FL 32217
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
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UD00000126374
04/26/04-80034-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/23/04** **904-731-9222**
Date Daytime Phone #