

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076598

Entity Name: GEORGE A. KOURY, INC.

FILED
Feb 03, 2004
Secretary of State

Current Principal Place of Business:

9803 OLD ST AUGUSTINE ROAD
SUITE 1
JACKSONVILLE, FL 32257

Current Mailing Address:

P O BOX 24109
JACKSONVILLE, FL 32241 US

New Principal Place of Business:

8665 BAYPINE ROAD
SUITE 110
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3280714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOURY, GEORGE A
9803 OLD ST AUGUSTINE RD
STE 1
JACKSONVILLE, FL 32257

Name and Address of New Registered Agent:

KOURY, GEORGE A
8665 BAYPINE ROAD
STE 110
JACKSONVILLE, FL 32256

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

02/03/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOURY, GEORGE A
Address: 9803 OLD ST. AUGUSTINE RD. SUITE 1
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOURY, GEORGE A
Address: 8665 BAYPINE ROAD, SUITE 110
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Change (X) Addition
Name: LIEB, ANGELA M
Address: 8665 BAYPINE ROAD, SUITE 110
City-St-Zip: JACKSONVILLE, FL 32256

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: ANGELA MICHELLE KOURY LIEB

Electronic Signature of Signing Officer or Director

VP

02/03/2004

Date