


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90027 028 \*\*\*150.00

**DOCUMENT # P95000009503**  
 1. Entity Name  
**WARE COMMERCIAL PROPERTIES, INC.**



Principal Place of Business Mailing Address  
 11202 N. ST. JOHNS INDUSTRIAL PARKWA JACKSONVILLE FL 32246  
 11202 N. ST. JOHNS INDUSTRIAL PARKWA JACKSONVILLE FL 32246

**54002573**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
**WARE COMMERCIAL PROPERTIES, INC.** **WARE COMMERCIAL PROPERTIES, INC.**  
 Suite, Apt. #, etc. 11710 CENTRAL PKWY Suite, Apt. #, etc. 11710 CENTRAL PKWY  
**JACKSONVILLE, FL 32224-2600** **JACKSONVILLE, FL 32224-2600**  
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3294565** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LINDELL, J. MICHAEL**  
**12276 SAN JOSE BLVD.**  
**SUITE 126**  
**JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | D <input type="checkbox"/> Delete   |
| NAME           | WARE, CYNTHIA C                     |
| STREET ADDRESS | 11221 N. ST. JOHNS INDUSTRIAL PKWY. |
| CITY-ST-ZIP    | JACKSONVILLE FL 32246               |
| TITLE          | <input type="checkbox"/> Delete     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| TITLE          | <input type="checkbox"/> Delete     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| TITLE          | <input type="checkbox"/> Delete     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| TITLE          | <input type="checkbox"/> Delete     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 11710 CENTRAL PKWY   |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32224-2600  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| 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:** *Cynthia C. Ware* **1/27/04** **904 565-1683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #