


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90025 002 ***150.00

DOCUMENT # P95000032927	
1. Entity Name JEFFERSON SQUARE INVESTORS, INC.	

Principal Place of Business 505 LANCASTER ST #8AB JACKSONVILLE, FL 32204 US	Mailing Address 505 LANCASTER ST #8AB JACKSONVILLE, FL 32204 US
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54023349



2. Principal Place of Business <u>4928 Arapahoe Ave</u> Suite, Apt. #, etc.	3. Mailing Address <u>4928 Arapahoe Ave</u> Suite, Apt. #, etc.
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03222004 Chg-P CR2E034 (10/03)

City & State <u>Jacksonville FL</u>	City & State <u>Jacksonville FL</u>
Zip <u>32210</u>	Country <u>Duval</u>

4. FEI Number 59-3362098	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, WILLIAM H 505 LANCASTER ST., #8AB JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent	
Name <u>Hall, William H.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4928 Arapahoe Ave</u>	
City <u>Jacksonville</u>	FL Zip Code <u>32210</u>

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]

DATE: 3/25/04

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D HALL, WILLIAM H 505 LANCASTER ST. #8AB JACKSONVILLE, FL 32204	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D HALL, ALLISON K 124 12TH ST ATLANTIC BEACH, FL 32233	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Hall, William H. 4928 Arapahoe Ave Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Hall, Allison K. Hwy Beach Ave 390 FIFTY ST. Atlantic Beach, FL 32233	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]

DATE: 3/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #