

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90283 048 ***150.00

DOCUMENT # P95000051583

1. Entity Name
SECRETARIES UNLIMITED, INC.



Principal Place of Business
9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE, FL 32256

Mailing Address
9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE, FL 32256

94054703



2. Principal Place of Business

1300 Riverplace Blvd
Suite, Apt. #, etc.
#300

3. Mailing Address

1300 Riverplace Blvd
Suite, Apt. #, etc.
#300

02202004 Chg-P CR2E034 (10/03)

City & State

Jacksonville FL 32207

City & State

Jacksonville FL 32207

4. FEI Number

59-3328924

Applied For

Not Applicable

Zip
32207

Country
USA

Zip
32207

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, MARGE
9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name JACK MECKS

Street Address (P.O. Box Number is Not Acceptable)
1300 Riverplace Blvd
#300

City JACKSONVILLE

FL

Zip Code 32207

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 obligation of registered agent.

SIGNATURE [Signature] PRESIDENT JACK MECKS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/23/2004
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

TITLE P
NAME MEEKS, JACK ☐ Delete
STREET ADDRESS 9428 BAYMEADOWS RD., SUITE 120
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S
NAME MCGOWAN, DONNA ☒ Delete
STREET ADDRESS 9428 BAYMEADOWS RD., SUITE 120
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1300 Riverplace Blvd #300
CITY-ST-ZIP Jacksonville FL 32207

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2004
Date

904-346-0046
Daytime Phone #