

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90025 017 \*\*\*150.00

24001085



01052004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3331951** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

POOLE, ESQUIRE, WESLEY R  
303 CENTRE STREET  
STE 200  
FERNANDINA BEACH, FL 32034

## 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 \_\_\_\_\_  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILCOX, SR., ROBERT E	
STREET ADDRESS	1742 OELSNER ROAD	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURGESS, FRANCES G	
STREET ADDRESS	151 IBIS COURT	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, ROBERT E JR.	
STREET ADDRESS	1721 PHEALSANT LANE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WORTHINGTON, ALANA K	
STREET ADDRESS	1554 ARBOR LANE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
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 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: Robert E. Wilcox Sr. 1/8/04 904-261-2068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT E. WILCOX SR**  
PRESIDENT  
Date Daytime Phone #