2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 13, 2004 08:00 AM Secretary of State **DOCUMENT # P95000075039** 1. Entity Name CHARLIE GILLETTE, JR., P.A. Principal Place of Business Mailing Address 603 N. MARKET ST 603 N. MARKET ST. N/A JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01272004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3343759 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILLETTE, CHARLIE J JR Street Address (P.O. Box Number is Not Acceptable) 603 N MARKET ST JACKSONVILLE, FL 32202 Çity 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 ubligations of registered agent. SIGNATURE Signature, typed or orinted name of registrated agont and life if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 1 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. 11. Change Addition TSTEE ☐ Delete BLL GILLETTE, CHARLIE J ESQUIRE NAME MALLE U00000111552 04/13/04-80023-019 150.00 STREET ADDRESS 10931 KEY VEGA DR STREET ADDRESS CSSY-SI-ZIP CHY-ST-ZIP JACKSONVILLE, FL 32218 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRIY-SI-ZIP CITY-ST-ZE ☐ Delete TITLE ☐ Change Addition THLE TAMA NAM STREET ADDRESS STREET ADDRESS CHY-SI-AP CHY- \$1-7IP Change Addition Delete RILL THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Detete DDF TILLE NAME RAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Delete Change Addition IRLE THEE NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-7P 12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 given the expression of the corporation of the receiver of trustee empowered to execute this report 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 given the expression of the corporation of the receiver of trustee empowered to execute this report is supplied 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 given the exemption stated in Section 119.07(3)(f). Florida Statutes is an address of the corporation of the receiver of 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

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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