2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000091846

1. Entity Name
FLORIDA FINANCIAL GROUP, INC.



Principal Place of Business

4190 BELFORT ROAD SUITE 300

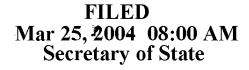
JACKSONVILLE, FL 32216

Mailing Address

4190 BELFORT ROAD

SUITE 300

JACKSONVILLE, FL 32216





DO NOT WRITE IN THIS SPACE

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3537126

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, TODD 7785 BAYMEADOWS WAY JACKSONVILLE, FL 32256

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the priors of registered agent.	surpose of changing its registe	ered office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar v	vith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registe	ered Agent signature r	equired 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			U00000096519	150 AN
10.	OFFICERS AND DIREC	CTORS			<u>्रिक्षिक्षेत्रिक्षेत्रिक्षेत्र</u> । स्थापना स्थापना स्थापना स्थापना । 	* Coronal Coronal
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FORRESTER JR., WILLIAM 4190 BELFORT ROAD STE 300 JACKSONVILLE, FL 32216					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						<u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	and accurate and that my sign	nature shall have	the same legal effe	(i), Florida Statutes. I further certify that to ct as if made under oath; that I am an off	ricer or director