

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000092667

1. Entity Name
SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -3 AM 8:00

Principal Place of Business

6320 ST AUGUSTINE RD
SUITE 7
JACKSONVILLE, FL 32217 US

Mailing Address

6320 ST AUGUSTINE RD
SUITE 7
JACKSONVILLE, FL 32217 US



01062004 No Chg-P CR2E034 (10/03) *MRD*

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1951673

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, GENEVA P
6320-7 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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 D
NAME PURSER, LAT W III
STREET ADDRESS 4530 PARK ROAD, SUITE 300
CITY-ST-ZIP CHARLOTTE, NC 28209

TITLE D
NAME LFRENIERE, STEPHEN J
STREET ADDRESS 704 S HWY 1792
CITY-ST-ZIP LONGWOOD, FL

TITLE D
NAME HENDERSON, GENEVA P
STREET ADDRESS 6320-7 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME VARALLO, FRANK J
STREET ADDRESS 5790 BRAINERD ROAD
CITY-ST-ZIP CHATTANOOGA, TN 37411

TITLE D
NAME HINNANT, CHARLES
STREET ADDRESS 9 OLD KINGS HWY S
CITY-ST-ZIP DARIEN, CT 06820

TITLE D
NAME MORRIS, PATRICIA D
STREET ADDRESS TALLAN BLDG. TWO UNION SQ.
CITY-ST-ZIP CHATTANOOGA, TN 37402

800027375698
01/22/04--01008--005 **526.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-04