

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096642

FILED  
Feb 27, 2004  
Secretary of State

Entity Name: AMERICAN HERITAGE RELOCATION SYSTEMS OF FLORIDA, INC.

## Current Principal Place of Business:

815 SOUTH MAIN STREET  
6TH FLOOR  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

815 SOUTH MAIN STREET  
6TH FLOOR  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: 59-3358757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNETT, JAMES G  
815 SOUTH MAIN STREET  
6TH FLOOR  
JACKSONVILLE, FL 32207

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete  
Name: VAUGHN, BARRY S  
Address: 815 SOUTH MAIN ST. 6TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CD ( ) Delete  
Name: SUDDATH, STEPHEN M  
Address: 815 SOUTH MAIN ST. 6TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V ( ) Delete  
Name: SPRADLEY, ELIZABETH E  
Address: 815 SOUTH MAIN STREET 6TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CFOD ( ) Delete  
Name: BARNETT, JAMES G  
Address: 815 SOUTH MAIN ST. 6TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V ( ) Delete  
Name: DOYLE, GEORGE W  
Address: 815 SOUTH MAIN STREET 6TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete  
Name: STRICKLAND, BARBARA S  
Address: 815 S. MAIN STREET 6TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. BARNETT

CFOD

02/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date