


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90037 012 ***150.00

DOCUMENT # P96000017132 1. Entity Name FINITH E. JERNIGAN, P.A.					
Principal Place of Business 420 E. PENN AVE. SUITE 104 CRESTVIEW, FL 32536			Mailing Address POST OFFICE BOX 727 CRESTVIEW, FL 32536		
2. Principal Place of Business 420 E Pine Avenue Suite, Apt. #, etc. Suite 104 City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 32539		Country		4. FEI Number 59-3364156	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent JERNIGAN, FINITH E 1498 SO. FERDON BLVD. STE 103 CRESTVIEW, FL 32536		7. Name and Address of New Registered Agent Name Finith E. Jernigan Street Address (P.O. Box Number is Not Acceptable) 420 E Pine Avenue, Suite 104 City Crestview, FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERNIGAN, FINITH E 420 E. PENN AVE. SUITE 104 CRESTVIEW, FL 32536	TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 E Pine Ave, Suite 104 Crestview FL 32539		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Finith E. Jernigan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Mar 13, 2004 <small>Date</small>		850 682-0331 <small>Daytime Phone #</small>	

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