

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000042336

1. Entity Name

GRIMSLEY MARKER & ISELEY, P.A.



Principal Place of Business

50 NORTH LAURA ST.
2150 BARNETT CENTER
JACKSONVILLE, FL 32202 US

Mailing Address

50 NORTH LAURA ST.
2150 BARNETT CENTER
JACKSONVILLE, FL 32202 US



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3378037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISELEY, ROBERT F. JR
2150 BARNETT CENTER
50 N LAURA ST
JACKSONVILLE, FL 32202

**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 GRIMSLEY, JOHN G
STREET ADDRESS 50 N LAURA ST., #2150
CITY-ST-ZIP JACKSONVILLE, FL

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CITY-ST-ZIP

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IN THIS SPACE**

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03/25/04-80003-021 150.00

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 reports 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

3-24-04

Date

904-354-9900

Daytime Phone #