2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P96000047415 04-30-2004 90281 032 ***150.00 MARK HULSEY, III, P.A. Principal Place of Business Mailing Address 200 E FORSYTH ST 200 E FORSYTH ST JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US No Chg-P CR2E034 (10/03) 04192004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2931486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HULSEY, MARK III DO NOT WRITE 200 E FORSYTH ST JACKSONVILLE, FL 32202 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HULSEY, MARK III STREET ADDRESS 200 E FORSYTH ST CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED