2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000087,175 1. Entity Name THIRD WAVE, INC.						Feb 25, 2004 Secretary o		
Principal Plan	ce of Business	Mailing Address			-			
2409 SOUTH THIRD ST 2409 SOUTH THIRD ST								
	ILLE FL 32250	JACKSONVILLE FL 32						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt #. etc.			MOORE CR2E034 (11/03)			
City & State		City & State			4. F	El Number 59-3407571	 +	oplied For
Zıp	Gountry	Zip	Country	/	5. 0	Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>		j 7. N	lame and Address of New Registered	Fee Require	<u> </u>
DUTAIN III				Name				
PUTNAM, H.N. JR. 2409 SOUTH THIRD ST. JACKSONVILLE FL 32250				Street Address (P.O. Box Number is Not Acceptable)				
	DINOUNTILLE I E OZZOU							
-				City		FL	Zip Cod	e
8. The above the obligation of the state of	tions of registered agent.	W. Purtman	·	office or register	·— <u>.</u> .	ent, or both, in the State of Florida. I am ABC DATE	•	and accept
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o					Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	SIN II
TITLE NAME	PD PUTNAM, H.N.	☐ Delete	TITLE NAME				Change	Addition Addition
STREET ADDRESS	9 BARRACUDA PLACE			ADDRESS		U00000065951 02/25/04-80058-0;	ነጋ ያመጠ ጠ	<u>.</u>
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	·	CITY-S	1 - ZIP		UE/ 63/ U470UU087U.		
TITLE NAME STREET ADDRESS	V IVAN, LILIANA 12995 SILVER SPRINGS DRIVE N	☐ Delete		ADCRESS			☐ Change	☐ Addition
CITY-ST-ZIP	JACKSONVILLE FL 32246	F-1	CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		_ <u>-</u>
TITLE NAME		Delete	TITLE				☐ Change	Addition Addition
STREET ADDRESS CITY+SY-ZIP			•	ADDRESS T-ZIP				
TITLE		☐ Delete	TITLE		-		Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	1				
TITLE		☐ Delete	THTLE				Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	1				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME	•			į			o,.ago	
STREET ADDRESS			NAME STREET	ADDRESS				

FILED

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:

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