


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000098916</b> 1. Entity Name THE FINAL TOUCH OF JACKSONVILLE, INC.	
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Principal Place of Business 1415 WINDSOR PLACE JACKSONVILLE, FL 32205	Mailing Address 1415 WINDSOR PLACE JACKSONVILLE, FL 32205
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3421962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  SCAIFE, GERALDINE T 1415 WINDSOR PLACE JACKSONVILLE, FL 32205	<b>DO NOT WRITE IN THIS SPACE</b>
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B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000104432 04/06/04-2004-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCAIFE, GERALDINE T 1415 WINDSOR PLACE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCAIFE, WILLIAM O 1415 WINDSOR PLACE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Geraldine J. Scaife Geraldine Scaife, Pres. 4-4-04 (904) 384-6131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #