

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008257

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: JAMES DORAN COMPANY OF FLORIDA

## Current Principal Place of Business:

216 SEVEN FARMS DRIVE  
SUITE 200  
CHARLESTON, SC 29492

## New Principal Place of Business:

## Current Mailing Address:

216 SEVEN FARMS DRIVE  
SUITE 200  
CHARLESTON, SC 29492

## New Mailing Address:

FEI Number: 58-2322093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DORAN JR ROBERT J,  
Address: 216 SEVEN FARMS DRIVE, SUITE 200  
City-St-Zip: CHARLESTON, SC 29492

Title: V ( ) Delete  
Name: DORAN, SHANE  
Address: 216 SEVEN FARMS DRIVE, SUITE 200  
City-St-Zip: CHARLESTON, SC 29492

Title: ST ( ) Delete  
Name: FINCH, REBECCA  
Address: 216 SEVEN FARMS DRIVE, SUITE 200  
City-St-Zip: CHARLESTON, SC 29492

Title: AS ( ) Delete  
Name: BROOKS, GREG W  
Address: 612 MORELAND AVENUE, SE STE 100  
City-St-Zip: ATLANTA, GA 30316

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: LOVETT, REBECCA  
Address: 216 SEVEN FARMS DRIVE, SUITE 200  
City-St-Zip: CHARLESTON, SC 29492

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA E LOVETT

ST

04/06/2004

Electronic Signature of Signing Officer or Director

Date