

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90009 026 ***150.00

DOCUMENT # P97000024723

1. Entity Name
**THE UNITED STATES ATTORNEY SEARCH AND
REFERRAL CORPORATION**



Principal Place of Business
**4735 SUNBEAM ROAD
JACKSONVILLE, FL 32257**

Mailing Address
**4735 SUNBEAM ROAD
JACKSONVILLE, FL 32257**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3434751

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRELL, WILLIAM H
4735 SUNBEAM ROAD
JACKSONVILLE, FL 32257**

**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	DVP DPC
NAME	HARRELL, WILLIAM H
STREET ADDRESS	4735 SUNBEAM ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DVS
NAME	HARRELL, RENEE
STREET ADDRESS	4735 SUNBEAM RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DVP
NAME	HARRELL, JULIE
STREET ADDRESS	4735 SUNBEAM RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DVT
NAME	HARRELL, W HOLT
STREET ADDRESS	4735 Sunbeam RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/04

904-296-9400