


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 001 ***150.00

DOCUMENT # P97000043032 1. Entity Name PAR THREE, INC.																											
Principal Place of Business 6260 DUPONT STALBON CT JACKSONVILLE, FL 32217		Mailing Address 6260 DUPONT STALBON CT JACKSONVILLE, FL 32217																									
2. Principal Place of Business 6260 Dupont Station Ct Suite, Apt. #, etc. Suite D City & State JAX FL Zip 32217 Country U.S.		3. Mailing Address of 6260 Dupont Station Ct Suite, Apt. #, etc. Suite D City & State JAX FL Zip 32217 Country U.S.																									
4. FEI Number 59-3449234		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01192004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent KELLY, TIMOTHY P 1016 LASALLE ST JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRICE, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>920 ORIENTAL GARDENS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32207</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	PRICE, CHARLES		STREET ADDRESS	920 ORIENTAL GARDENS		CITY-ST-ZIP	JACKSONVILLE, FL 32207		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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		Charles B Price 1/19/04 904-367-1700 Date Daytime Phone #																									