## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 09, 2004 8:00 am Secretary of State DOCUMENT # P97000059721 03-09-2004 90008 026 \*\*\*150.00 AUSLEY HARVELL GROUP, INC. Mailing Address Principal Place of Business 2808 REMINGTON GREEN CIR N. 2808 REMINGTON GREEN CIR N. 54016175 SUITE 200 SUITE 200 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address 2888 Remination 2888 Remination Green Green Suite, Apt. #, etc. Suite, Apt. #, etc 03022004 Cho-P CR2E034 (10/03) <u>Suite</u> City & State City & State 4. FEI Number Applied For Tallahassee FL 59-3466032 Tallahassee Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32308 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUSLEY, MARGARET B Street Address (P.O. Box Number is Not Acceptable) 316 E JEFFERSON ST TALLAHASSEE, FL 32301 City 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **VP** Delete TITLE Change Addition AUSLEY, DANIEL M NAME NAME 2888 Remination Green Lanci Saite C 2808 REMINGTON GREEN CIR N. STE 200 STREET ADORESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP Tallahassee Change Addition Delete TITLE TITLE NAME HARVELL, BRADLEY \$ NAME Remington Green Lane, suitec 2808 REMINGTON GREEN CIR N STE 200 STREET ADDRESS 28.88 STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST\_7IP CITY-ST-7/P Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ΠħF ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**