
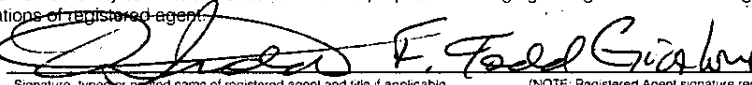
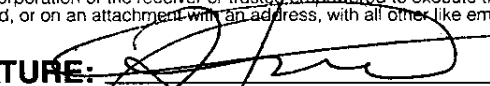


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90013 003 \*\*\*150.00

DOCUMENT # P97000076419			
1. Entity Name F. TODD GICALONE, INC.			
Principal Place of Business 11570 SAN JOSE BLVD. #13 JACKSONVILLE FL 32223		Mailing Address 11570 SAN JOSE BLVD. JACKSONVILLE FL 32223	
2. Principal Place of Business 10688 Old St. Augustine Road Jacksonville, FL 32257 Unit 1		3. Mailing Address 10688 Old St. Augustine Road Jacksonville, FL 32257 Unit 1	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GICALONE, F T <del>5324 CHESTNUT LAKE DRIVE</del> <del>JACKSONVILLE FL 32258</del> 1209 N. Hideaway Dr Jax FL 32257		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:  F. Todd Gicalone Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 2-2-04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GICALONE, F T <del>5324 CHESTNUT LAKE DRIVE</del> JACKSONVILLE FL 32258 Wrong Address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1209 N. Hideaway Dr Jacksonville, FL 32259 Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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		TITLE NAME STREET ADDRESS CITY-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.			
SIGNATURE: 		2-2-04 904-262-9667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	