2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 05, 2004 8:00 am Secretary of State **DOCUMENT # P97000084010** 03-05-2004 90008 024 ***150.00 1. Entity Name J. WARD, INC. Principal Place of Business Mailing Address 54015277 1 SLEIMAN PARKWAY 1 SLEIMAN PARKWAY 220 220 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address 1 Sleiman Parkway 1 Sleiman Porkusay Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 Chg-P CR2E034 (10/03) suite Suite City & State City & State 4. FEI Number Applied For Jacksonii 118 Jackson wille, 59-3470374 Not Applicable Country Country Zip \$8.75 Additional 32216 5. Certificate of Status Desired DUVA DUVUI 32216 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jennifer Ward WARD, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 447) Glen Kernan Farkway 3646 MARSH PARK COURT? JACKSONVILLE FL 32216 Jacksonville 8. The above named entity submits this; atemen∯or the pu∕pose 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) 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. П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPNS Jennifer ward Jennifer ward Harkway East TITLE **DPVS** TITLE Delete WARD: JENNIFER NAME NAME 3646 MARSH PARK COURT STREET ADDRESS STREET ADDRESS Jacksonville, FL 32224 JACKSONVILLE FL 32250 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete 4471 Glen Kernan Parkway East NAME WARD, JENNIFER -NAME 3646 MARSH PARK COURT-STREET ADDRESS STREET ADDRESS CITY-ST-7IP Jacksonville, FL 32224 CITY-ST-ZIP JACKSONVILLE, FL. 32250 -☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

FILED

904.731.8806