2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P98000014788

DOCUMENT # P98000014788 1. Entity Name STATON & SONS, INC. Mailing Address 3732 MORTH MAIN STREET JACKSONVILLE FL 32206 3732 MORTH MAIN STREET JACKSONVILLE FL 32206 3. Mailing Address 3732 MORTH MAIN STREET JACKSONVILLE FL 32206 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Country STATON, LUTHER B- 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 8. The above named entity submits this statement for the ourpose of changing its registered diffice or registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered-agent. FILE NOW!!! FEE IS \$150.00 After May 1: 2004 Fee will be \$550.00 Make Check Psyable to Floridia Department of State. PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITIE Now STRET ADON, LUTHER B 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITIE Now STRET ADON, LUTHER B 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITIE Now STRET ADON, LUTHER B 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 37332 NORTH MAIN STREET JACKSONVILLE FL 32206 3734 NORTH MAIN STREET JACKSONVILLE FL 32206 3735 NORTH MAIN STREET JACKSONVILLE FL 32206 3736 NORTH MAIN STREET JACKSONVILLE FL 32206 3737 NORTH MAIN STREET JACKSONVILLE	2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED Apr 30, 2004 8:00 am	
STATON & SONS, INC. Principal Place of Business 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State To Name and Address of New Registered Agent STATON, LUTHER B Street Address (P.O. Box Number is Not Acceptable) City FILE NOW!!! FEE IS \$150.00 After May 1: 2004 Fee will be \$550.00 Make Check Payable to Fiorida Department of State Polymens spread or principal payable and payable and that registate. Incit Registered Agent segnature required when rendamy 9. Election Campaign Financing Trust Fund Contribution. STATON, LUTHER B STRETADORESS Trust Fund Contribution. Addition Name STATON, LUTHER B STRETADORESS STATON, LUTHER B STRETADORESS STATON LUTHER B STRETADORESS					Apr 30, 2004 8:00 am Secretary of State	
3732 NORTH MAIN STREET JACKSONVILLE FL 32206 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Country Zip Country Zip Country Zip Country St. Certificate of Status Desired \$8.755 Additional Fee Required Fee Required Fee Required STATON, LUTHER B. 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typing or printed name of registered agent. Note: Registered Agent signature required agent and the fragolatilitie. (NOTE: Registered Agent signature required contribution. Affer May, 1: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INME STATON, LUTHER B STREET ADDRESS STREE	STATON & SONS, INC.				04-30-2004 90352 010 ***150.00	
2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country See Required 6. Name and Address of Current Registered Agent Name STATON, LUTHER B 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Date FL Zip Code Street Address (P.O. Box Number is Not Acceptable) The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature FILE NOW!!! FEE IS \$150.00 After May 17: 2004 Fee will be \$550.00	Principal Place	e of Business	Mailing Address			
Suite, Apt. #, etc. City & State City & State City & State Country Zip Country St. Cartificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name STATON, LUTHER B 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 City FL Zip Code 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 Signate, Typed or prefer them of registered and stills applicable. (NOTE Registered Agent signature required when reactaining) After May: 1: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE PD Delete STREET ADDRESS						
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STATON,-LUTHER-B 3732 NORTH MAIN STREET JACKSONVILLE FL 32206 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typing or purind name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PLE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD MAME STATON, LUTHER B STREET ADDRESS	City & State		City & State		50-2401177	
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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 empower

SIGNATURE: 1