

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90290 039 ***150.00

DOCUMENT # P98000062511

1. Entity Name
JIM FURR & ASSOCIATES, INC.



Principal Place of Business
**3285 NIGHTHAWK LANE
PENSACOLA, FL 32506**

Mailing Address
**BASS AND SANDFORT ACCOUNTANTS
1301 WEST GARDEN STREET
PENSACOLA, FL 32501**

94055062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3519563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C/O SCOTT SANDFORT
BASS AND SANDFORT ACCOUNTANTS
1301 WEST GARDEN STREET
PENSACOLA, FL 32501**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when not stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSD** ☐ Delete
NAME: **FURR, JAMES C**
STREET ADDRESS: **3285 NIGHTHAWK LANE**
CITY- ST- ZIP: **PENSACOLA, FL 32506**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: **VP** ☐ Delete
NAME: **FURR, PATRICIA H**
STREET ADDRESS: **3285 NIGHTHAWK LANE**
CITY- ST- ZIP: **PENSACOLA, FL 32506**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: **TO** ☐ Delete
NAME: **LEWIS, JAMES**
STREET ADDRESS: **3285 NIGHTHAWK LANE**
CITY- ST- ZIP: **PENSACOLA, FL 32506**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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:

JAMES C. FURR, PRES. 1/21/04 (850) 433-2464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #