


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90188 033 \*\*\*150.00

|                                 |   |
|---------------------------------|---|
| <b>DOCUMENT #</b> 0980000062946 |  |
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|---|---|
| <b>Principal Place of Business</b><br>830-13 HIGHWAY A1A NORTH<br>PONTE VEDRA BEACH, FL 32082 | <b>Mailing Address</b><br>830-13 HIGHWAY A1A NORTH<br>PONTE VEDRA BEACH, FL 32082 |
|---|---|



00000000 No Chg-P CR2E034 (10/03)

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|  |   |
|--|---|
| <b>4. FEI Number</b><br>0000000000   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>00000000 00000000<br>000000 00000000 0000<br>000000 00000000 00000000 |
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**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** \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b> | <b>9. Election Campaign Financing<br/>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
|---|--|---|

| 10. OFFICERS AND DIRECTORS   |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | 0000<br>000000 00000000<br>000000 00000000 0000<br>000000 00000000 00000000 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |

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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 empowered.

**SIGNATURE:** *m. Bruce Dime* **7/1/04** **904-285-2345**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #