

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90035 049 \*\*\*550.00

<b>DOCUMENT # P98000089020</b> 1. Entity Name <b>C. THOMAS STRICKLAND &amp; ASSOCIATES, P.A.</b>																					
Principal Place of Business <b>1725 BLANDING BLVD. JACKSONVILLE, FL 32210</b>			Mailing Address <b>1725 BLANDING BLVD. JACKSONVILLE, FL 32210</b>																		
2. Principal Place of Business		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State		4. FEI Number <b>59-3539978</b>																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																	
6. Name and Address of Current Registered Agent  <b>STRICKLAND, C T 1725 BLANDING BLVD. JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent Name <b>Earl B. Hooten, II</b> Street Address (P.O. Box Number is Not Acceptable) <b>1725 Blanding Blvd.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32210</b>																	
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 <i>Earl B. Hooten II</i> <span style="float: right;">7-22-04</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>																					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">D <b>STRICKLAND, C T</b> <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>1725 BLANDING BLVD.</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>JACKSONVILLE, FL 32210</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D <b>STRICKLAND, C T</b> <input checked="" type="checkbox"/> Delete	NAME	<b>1725 BLANDING BLVD.</b>	STREET ADDRESS	<b>JACKSONVILLE, FL 32210</b>	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>Earl B. Hooten, II</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1725 Blanding Blvd Jacksonville, FL 32210</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<b>Earl B. Hooten, II</b>	STREET ADDRESS	<b>1725 Blanding Blvd Jacksonville, FL 32210</b>	CITY-ST-ZIP	
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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.																					
<b>SIGNATURE:</b> <i>Earl B. Hooten II</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			July 22, 2004 (904) 389-4710 <small>Date Daytime Phone #</small>																		

3406490Z



07012004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

Zip Code  
32210

DATE