


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90062 002 ***150.00

DOCUMENT # P98000095829

1. Entity Name
H.F.S. JACKSONVILLE, INC.



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|---|---|
| Principal Place of Business 11243 DISTRIBUTION AVENUE EAST JACKSONVILLE, FL 32256 | Mailing Address 500 FAIRWAY DR STE 101 DEERFIELD BEACH, FL 33441 |
|---|---|

94043649



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0874848 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CHAMBERLAND, MARC J
500 FAIRWAY DRIVE
SUITE 204 101
DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD CHAMBERLAND, MARC J 500 FAIRWAY DRIVE STE 101 DEERFIELD BEACH, FL 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HERRLE, KENNETH 500 FAIRWAY DRIVE STE 101 DEERFIELD BEACH, FL 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MONROE, PATRICK MILLER, LARRY 11243 DISTRIBUTION AVE. EAST JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOYETTE, JERRY S 11243 DISTRIBUTION AVE EAST JACKSONVILLE FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS 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.

SIGNATURE: *Marc Chamberland* **MARC CHAMBERLAND** 3/27/04 (954) 5961930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR As President Date Daytime Phone #