


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT-**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P99000012233 1. Entity Name ROBERT D. WILCOX, P.A. |  |
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| Principal Place of Business 7971 HUNTERS GROVE ROAD JACKSONVILLE, FL 32256 | Mailing Address 7971 HUNTERS GROVE ROAD JACKSONVILLE, FL 32256 |
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| DO NOT WRITE IN THIS SPACE |
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04092004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3552869 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

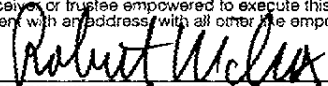
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| 6. Name and Address of Current Registered Agent WILCOX, ROBERT D 7971 HUNTERS GROVE ROAD JACKSONVILLE, FL 32256 | DO NOT WRITE IN THIS SPACE |
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| 8. The above named entity submits this statement 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |

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| 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 | U000000111427 04/13/04-80016-020 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILCOX, ROBERT D 7971 HUNTERS GROVE ROAD JACKSONVILLE, FL 32256 |
| 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)(f), 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 the empowered. | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | April 9, 2004 <small>Date</small> | 909 998-9994 <small>Daytime Phone #</small> |