


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90204 006 \*\*\*150.00

**DOCUMENT # P99000030048**

1. Entity Name  
**FLORIDA GROUNDWORKS, INC.**



Principal Place of Business  
**6507 W. BEAVER ST.  
 JACKSONVILLE, FL 32254**

Mailing Address  
**P. O. BOX 37228  
 JACKSONVILLE, FL 32236**

**24074746**



05062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3567070**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP.  
 200 LAURA STREET  
 JACKSONVILLE, FL 32202**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARVEY, RAY
STREET ADDRESS	RT 1 BOX 142 14510 Earlis Harvey Rd.
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	V
NAME	HARVEY, RICHARD M
STREET ADDRESS	6191 W RIVER CIRCLE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	T
NAME	HARVEY, RAY
STREET ADDRESS	RT 1 BOX 142 14510 Earlis Harvey Rd.
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	S
NAME	HARVEY, RICHARD M
STREET ADDRESS	6191 W RIVER CIRCLE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	AS
NAME	RIS, AMY D Amy M. Dicks-Rios
STREET ADDRESS	851 W MACCLENNY AVE 4071 Wolfe Drive
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Amy M. Dicks-Rios 5/6/04 (904) 384-5559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #