


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 022 ***150.00

DOCUMENT # P99000037276 1. Entity Name FLORIDA MESSAGE CENTERS, INC.	
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Principal Place of Business 3808 N. MONROE ST. UNIT 2 TALLAHASSEE, FL 32303	Mailing Address 1120 OAKHAVEN DR. ROSWELL, GA 30075
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NEW APR

340 10000 31708



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3574683	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DENSON, BARRY P
3808 N. MONROE ST.
UNIT 2
TALLAHASSEE, FL 32303

**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 *Barry P. Denson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-16-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DENSON, JEFFREY K
STREET ADDRESS	3808 N. MONROE ST., UNIT 2
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	P
NAME	DENSON, BARRY P
STREET ADDRESS	1120 OAKHAVEN DR.
CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Barry P. Denson Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #