



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90329 047 ***150.00

DOCUMENT # P99000097293 1. Entity Name CHASCO OF JACKSONVILLE, INC.																					
Principal Place of Business 2340 COVINGTON CREEK DRIVE WEST JACKSONVILLE, FL 32224				Mailing Address 2340 COVINGTON CREEK DRIVE WEST JACKSONVILLE, FL 32224																	
2. Principal Place of Business 11276 Island Club Lane Suite, Apt. #, etc. Jacksonville, FL. City & State 32225 USA Zip Country		3. Mailing Address 11276 Island Club Lane Suite, Apt. #, etc. Jacksonville, FL. City & State 32225 USA Zip Country																			
4. FEI Number 59-3610056				Chg-P CR2E034 (10/03) 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 HOWARD, CHARLES 2340 COVINGTON CREEK DR W JACKSONVILLE, FL 32224																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">HOWARD, CHARLES</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>2340 COVINGTON CREEK DR W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>JACKSONVILLE, FL 32224</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	HOWARD, CHARLES	<input type="checkbox"/> Delete	NAME		2340 COVINGTON CREEK DR W		STREET ADDRESS		JACKSONVILLE, FL 32224		CITY-ST-ZIP			
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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:10%;">P</td> <td style="width:40%;">Howard, Charles</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>11276 Island Club Lane</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Jacksonville, FL 32225</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	Howard, Charles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		11276 Island Club Lane		STREET ADDRESS		Jacksonville, FL 32225		CITY-ST-ZIP				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.			
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SIGNATURE: Charles Howard Charles Howard 4-16-04 (904) 997-0727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					