## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06348

FILED Feb 28, 2004 Secretary of State

Entity Name: PROFESSIONAL PROPERTY MANAGEMENT & ASSOCIATES, INC. OF JACKSONVILLE

Current Principal Place of Business: New Principal Place of Business:

4333 ST. AUGUSTINE RD 4333 ST. AUGUSTINE RD

#16 #16

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

7837 BAYMEADOWS CIR W. P. O. BOX 56103

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32241 US

FEI Number: 59-3031851 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DROUGHT, PEGGY R.
7837 BAYMEADOWS CIR W
JACKSONVILLE, FL 32256 US

DROUGHT, PEGGY R
7837 BAYMEADOWS CIR W
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: PEGGY R DROUGHT 02/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition DROUGHT, PEGGY R., DROUGHT, PEGGY R Name: Name: 7837 BAYMEADOWS CIRCLE 7837 BAYMEADOWS CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 US

Title: ( ) Delete Title: VPD ( ) Change (X) Addition

 Name:
 Name:
 SCAGGS, CLIFFORD L

 Address:
 Address:
 8505 SHANE CT

 City-St-Zip:
 City-St-Zip:
 ST AUGUSTINE, FL 32092 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY R DROUGHT PD 02/28/2004