

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52996

FILED
Apr 08, 2004
Secretary of State

Entity Name: SPOHRER, WILNER, MAXWELL & MATTHEWS, P.A.

Current Principal Place of Business:

444 EAST DUVAL STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

701 WEST ADAMS STREET
SUITE 2
JACKSONVILLE, FL 32204

Current Mailing Address:

444 EAST DUVAL STREET
JACKSONVILLE, FL 32202

New Mailing Address:

701 WEST ADAMS STREET
SUITE 2
JACKSONVILLE, FL 32204

FEI Number: 59-3066297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILNER, NORWOOD S.
444 EAST DUVAL STREET
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

WILNER, NORWOOD S.
701 WEST ADAMS STREET
JACKSONVILLE, FL 32204

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: NORWOOD S WILNER

04/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILNER, NORWOOD S.,
Address: 444 EAST DUVAL STREET
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: SPOHRER, ROBERT F.,
Address: 444 EAST DUVAL STREET
City-St-Zip: JACKSONVILLE, FL

Title: TS () Delete
Name: MAXWELL, GREGORY H.
Address: 444 E. DUVAL ST
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WILNER, NORWOOD S.,
Address: 701 WEST ADAMS STREET SUITE 2
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD (X) Change () Addition
Name: SPOHRER, ROBERT F.,
Address: 701 WEST ADAMS ST SUITE 2
City-St-Zip: JACKSONVILLE, FL 32204

Title: TS (X) Change () Addition
Name: MAXWELL, GREGORY H.
Address: 701 WEST ADAMS ST SUITE 2
City-St-Zip: JACKSONVILLE, FL 32204

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: NORWOOD S WILNER

VP

04/08/2004

Electronic Signature of Signing Officer or Director

Date