


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V20135</b> 1. Entity Name M. GORDON VINES COMPANY	
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Principal Place of Business 3026 INDIAN HILL DRIVE JACKSONVILLE, FL 32257	Mailing Address 3026 INDIAN HILL DRIVE JACKSONVILLE, FL 32257
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<b>DO NOT WRITE IN THIS SPACE</b>
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02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3113645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  VINES, M. GORDON JR. 3026 INDIAN HILLS DRIVE JACKSONVILLE, FL 32257
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP M GORDON VINES, JR 3026 INDIAN HILL DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000055499 02/18/04-80003-021 150.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: x** M. Gordon Vines Jr. President 2/15/04 904 389 6687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #