

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90056 048 ***150.00

DOCUMENT # V33962

1. Entity Name
EXECUTIVE REPORTERS, INC.



Principal Place of Business

233 EAST BAY STREET
1113 BLACKSTONE BLDG
JACKSONVILLE, FL 32202 US

Mailing Address

233 EAST BAY STREET
1113 BLACKSTONE BLDG
JACKSONVILLE, FL 32202 US

54029334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3129083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JOAN Z.
233 EAST BAY STREET
1113 BLACKSTONE BLDG
JACKSONVILLE, FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

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 DP ☐ Delete
NAME FERNANDEZ, JOAN Z.
STREET ADDRESS 233 E BAY ST, 1113 BLACKSTONE BLDG
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE VPD ☐ Delete
NAME CASHMAN, ELISE
STREET ADDRESS 1662 PARK TERRACE W
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ST ☐ Delete
NAME FERNANDEZ, EDWARD JOHN
STREET ADDRESS 1174 POPOLEE RD.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Joan Z. Fernandez
Joan Z. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04 904-355-7801

Date

Daytime Phone #