

004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 029 ***150.00

DOCUMENT # V71072

1. Entity Name

THE BUYERS AGENT REALTY OF JACKSONVILLE, INC.



Principal Place of Business

1 SAN JOSE PL
STE 14-H
JACKSONVILLE FL 32257
US

Mailing Address

520 GOLDEN POND CT.
JACKSONVILLE FL 32259

2. Principal Place of Business

12443 SAN JOSE Blvd

3. Mailing Address

Suite, Apt. #, etc.

402-C

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

Zip

32223

Country

FL

Zip

Country

4. FEI Number

59-3154636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, JEANINE M.
520 GOLDEN POND CT.
JACKSONVILLE FL 32259

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WELLS, ROBERT J.
STREET ADDRESS 11700-3 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME 12443 SAN JOSE Blvd suite 402-C
STREET ADDRESS JACKSONVILLE FL 32223
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WELLS, JEANINE M.
STREET ADDRESS 11700-3 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME 12443 SAN JOSE Blvd suite 402-C
STREET ADDRESS JACKSONVILLE FL 32223
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Jeanine Wells* JEANINE WELLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 904
287-6003
Date Daytime Phone #