


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000002485 1. Entity Name PAGE & JONES, INC.	
---	---

Principal Place of Business 52 N JACKSON STREET MOBILE, AL 36602	Mailing Address P.O. BOX 2167 MOBILE, AL 36652
--	--

DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0309800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GEREN, IVEY 1519 MULBERRY AVE PANAMA CITY, FL 32405	DO NOT WRITE IN THIS SPACE
--	----------------------------

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: *Ivey Geren* Manager 3-4-04  
Signature, typed or printed name of registered agent and title if applicable (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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, MICHAEL B 270 HILLCREST RD MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV OATES, RICHARD J 5314 TODD BLVD MOBILE, AL 36619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LEE, RUFUS B 1174 MOUNTAIN DR MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000093881  
03/22/04-80036-020 150.00

DO NOT WRITE IN THIS SPACE

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 an other like empowered.

SIGNATURE: *Michael B. Lee* 3-17-04 (251) 432-1046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Michael B. Lee (President)*