

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643498

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: AMERICAN GOVERNMENT SERVICES CORPORATION

**Current Principal Place of Business:**

3812 WEST LINEBAUGH AVENUE  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

3812 WEST LINEBAUGH AVENUE  
TAMPA, FL 33624 US

**New Mailing Address:**

FEI Number: 59-2346160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITWORTH, GRANT  
3812 W.LINEBAUGH AVE  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MANNING, KAREN  
Address: 3812 W LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33624

Title: SRVP ( ) Delete  
Name: MEHL, TAMMY  
Address: 3812 W LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33624

Title: SRVP ( ) Delete  
Name: MCALEESE, WENDI  
Address: 3812 W LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33624

Title: EVP ( ) Delete  
Name: WHITWORTH, GRANT  
Address: 3812 W LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete  
Name: LOVELL, KATHY  
Address: 3812 W LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete  
Name: WHITLOCK, KRYSTAL  
Address: 3812 W LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN MANNING

P

04/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date