## **2004 FOR PROFIT CORPORATION**

ANNUAL REPORT				Feb 04, 2004 08:00 AN		
1. Entity Nam	MENT # K88267  on Services, Inc.				Secreta	ary of State
Principal Plac 7710 N 30T TAMPA, FL		Mailing Address 7710 N 30TH STREET TAMPA, FL 33610		 	#13# 10## #10# 1##1 #7#1 #1	rik miwir mkimii wiwki wewkemi is 1201
-	A NOT WOITE		01302004 N	o Chg-P CR	2E034 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-137357	1	Applied For Not Applicable
			<u> </u>	5. Certificate of Sta	tus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		nger manus' s	* **********	
YADLEY, GREGORY C SUITE 2500 BARNETT PLAZA 101 EAST KENNEDY BLVD TAMPA, FL 33602			DO NOT WRITE IN THIS SPACE			
	a named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or both, in t	he State of Florida. I	am familiar with, and accept
SIGNATURE	Signatura, typed or printed name of registered agent a	nd tile if applicable INOTE. Register	ed Agent signature required	when reinstallon)		VIE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Final	noing \$5	.00 May Be ed to Fees		Andrew American
10.	OFFICERS AND	DIRECTORS	<u> </u>			الدينا الفيانية والدين وال
TITLE NAME STREET ADDRESS CITY+ST+ZIP	D KENNY, DOUGLAS R 7710 N 30TH ST TAMPA, FL			02	.000000035 2/06/04-800	683 29-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					***	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		e e e e e e e e e e e e e e e e e e e	Walter (40 ) (40 ) (40 )	DO N	OT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , , ,	IN TH	IS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		100 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	As any management of the same	And the second s	**************************************	
TITLE	···	<del></del>	Į			

12. I hereby certify that the information supplied with this filling 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 cyfrostee 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #