


~~2005 FOR PROFIT CORPORATION~~
ANNUAL REPORT

Feb
FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # K93075

1. Entity Name
THOMAS TRANSCRIPTION SERVICE, INC.



Principal Place of Business Mailing Address

550 BALMORAL CIRCLE P O BOX 26613
STE 305 201 P.O. BOX 26613
JACKSONVILLE, FL 32218 US JACKSONVILLE, FL 32226 US

DO NOT WRITE IN THIS SPACE

02182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2953708 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, N. DIANE
2538 GAYLAND ROAD
JACKSONVILLE, FL 32218

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: N. DIANE THOMAS *N. Diane Thomas* 3-29-05
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS THOMAS, N. DIANE 2538 GAYLAND ROAD JACKSONVILLE, FL
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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: N. DIANE THOMAS *N. Diane Thomas* 3-29-05 (904) 751-5058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #