2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000022852

1. Entity Name
INTEGRASERV, INC.

Principal Place of Business	Mailing Address
4309 NEPTUNE RD SAINT CLOUD, FL 34769 US	P O BOX 701477 ST CLOUD, FL 34770-1477 US

04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3172095
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, MARGARET
1135 ALBANY AVE
ST CLOUD, FL 34771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000131614
04/27/04-80012-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEILSON, SCOTT P
STREET ADDRESS	155 PINION LN
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	VTD
NAME	MOSS, MARGARET L
STREET ADDRESS	1135 ALBANY AVE
CITY-ST-ZIP	ST CLOUD, FL 34771
TITLE	VSD
NAME	REDER, JAMES W JR.
STREET ADDRESS	3122 GLENWOOD DR
CITY-ST-ZIP	GRAHAM, NC 27253
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Margaret L. Moss Margaret L. Moss April 23, 2004 407-892-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #