

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032017

FILED
Jan 16, 2004
Secretary of State

Entity Name: OFFICE RELIEF SYSTEMS, INC.

Current Principal Place of Business:

200 CELEBRATION
#209
CELEBRATION, FL 32747 US

New Principal Place of Business:

Current Mailing Address:

800 N. MAGNOLIA
#209
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3308307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSEN, BARBARA
800 N. MAGNOLIA
#209
ORLANDO, FL 32803 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: D () Delete
Name: LARSEN, BARBARA
Address: 800 N. MAGNOLIA #209
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: WAGNER, RICHARD
Address: 4190 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: BUFFALO, BRYAN
Address: 212 BROM BONES LANE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: LARSEN, DICK
Address: 275 BAYOU CIRCLE
City-St-Zip: DEBARY, FL 32713

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:

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: BARBARA LARSEN

D

01/16/2004

Electronic Signature of Signing Officer or Director

_____ Date