

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90213 007 \*\*\*150.00

**DOCUMENT # P96000051878**

1. Entity Name  
**SERVOWATCH, INC.**



Principal Place of Business  
**6402 N.W. 5TH WAY**  
**FORT LAUDERDALE, FL 33309 US**

Mailing Address  
**6402 N.W. 5TH WAY**  
**FORT LAUDERDALE, FL 33309 US**

**14009943**



2. Principal Place of Business  
 Suite, Apt. #, etc:

3. Mailing Address  
 Suite, Apt. #, etc:

04262004 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0677276**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CFRA, L.L.C.**  
**ONE HARBOUR PLACE**  
**777 S. HARBOUR ISLAND BLVD., SUITE 500**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

10. OFFICERS AND DIRECTORS

|   |  |                                 |
|---|--|---------------------------------|
| TITLE<br>D  | NAME<br>SMITH, STEPHEN B                           | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>WBONROPE BUILDING WOODROLF ROAD | CITY-ST-ZIP<br>TOLLESBURY, MALDON ESSEX, CM CM98SE |                                 |
| TITLE<br>VP                                       | NAME<br>PETER, MILTON                              | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>1931 LYONE RD STE 306           | CITY-ST-ZIP<br>POMPANO BEACH, FL 33063             |                                 |
| TITLE   | NAME   | <input type="checkbox"/> Delete |
| STREET ADDRESS                                    | CITY-ST-ZIP  |                                 |
| TITLE   | NAME   | <input type="checkbox"/> Delete |
| STREET ADDRESS                                    | CITY-ST-ZIP  |                                 |
| TITLE   | NAME   | <input type="checkbox"/> Delete |
| STREET ADDRESS                                    | CITY-ST-ZIP  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>D   | NAME<br>SMITH STEPHEN B                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>WOODROPE BUILDING, WOODROLF ROAD | CITY-ST-ZIP<br>TOLLESBURY, MALDON CM98SE |  |
| TITLE<br>VP  | NAME<br>PETER MILTON                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>3230 NW 51ST TER                 | CITY-ST-ZIP<br>MARGATE FL 33063          |  |
| TITLE  | NAME                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                                     | CITY-ST-ZIP                              |  |
| TITLE  | NAME                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                                     | CITY-ST-ZIP                              |  |
| TITLE  | NAME                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                                     | CITY-ST-ZIP                              |  |

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:** \_\_\_\_\_ **4-26-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #