

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H82009

FILED
Jan 19, 2004
Secretary of State

Entity Name: PERSONALLY YOURS SERVICES, INC.

Current Principal Place of Business:

1840 W 49TH STREET
STE 105
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

PO BOX 267085
WESTON, FL 333267085

New Mailing Address:

FEI Number: 59-2597845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISER, JACQUELINE B.
1840 W 49TH ST
STE 105
HIALEAH, FL 33012 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: PD () Delete
Name: REISER, JACQUELINE B.,
Address: 1840 W 49TH ST STE 105
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: REISER, MICHAEL R.,
Address: 1840 W 49TH ST STE 105
City-St-Zip: HIALEAH, FL 33012

Title: VSD () Delete
Name: REISER, ELIZABETH M.,
Address: 1840 W 49TH ST STE 105
City-St-Zip: HIALEAH, FL 33012

Title: DV () Delete
Name: REISER, DONALD M.,
Address: 1840 W 49TH ST STE 105
City-St-Zip: HIALEAH, FL 33012

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: MICHAEL R. REISER

VP

01/19/2004

Electronic Signature of Signing Officer or Director

Date