DOCUMENT # 349383 Secretary of State     Secretary     Secretary     State     Secretary     Secretary     State     Secretary	2005 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 22, 2005 08:00 AM			
	1. Entity Nar	me	RTER SERVICE, INC			Sec	retary	y of State	
DO NOT WRITE IN THIS SPACE  1022000 No Chyp CREE034 (10/03)  1. FE Humber 59-1287730  2. Certification of Status Decred 2. Certification of Certification of Certification of Certification of Certification 2. Certification of Certification of Certification 2. Ce	5669 70TH	AVENUE N	5669 70TH AVENUE N	US	-     	INTER DELOTE DELOTE			
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WACHTEL, JOHN R G081 39TH AVE N PINELLAS PARK, FL 33782     DO NOT WRITE IN THIS SPACE       a. The above named entily submits this statement for the purpose of changing is registered agent, or both, in the State of Rotade, 1 am familier with, and accept the obligations of registered agent.     DOT       SIGNATURE     File NOWILL FEE IS \$150.00 Africer May 1, 2005 Fee will be \$500.00 Trust Punct Contribution     Image: Signature of registered agent of the statement for the purpose of changing in Financing Trust Punct Contribution     S50.00 Mup tee Added to Fees       10.     DEFICER SAND DIRECTORS     Image: Signature of registered agent of the statement of the statement Trust Punct Contribution     S50.00 Mup tee Added to Fees       10.     DEFICER SAND DIRECTORS     Image: Signature of registered agent of statement of the statement Trust Punct Contribution     S50.00 Mup tee Added to Fees       10.     DEFICER SAND DIRECTORS     Image: Signature of registered agent of statement Trust Punct LLAS PRIK, FL 33782     Image: Signature of registered agent of statement (statement of statement of the statement of the statement of the statement of statement of statement of the statemen		6. Name and Address of Current R	egistered Agent		<del>_</del> <del>_</del>		Fee	Required	
Use obligations of registered sport.  SIGNATURE SIGNATURE Signars, sport of prins ranked inputsers sport affector # sport affector # and advectors  FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	6091 99TH	HAVEN						-	
Byzers     Spike     Spike     Spike     Spike     Spike       After May 1, 2005 Fee will be \$550.00 <ul> <li>Election Campelin Financing</li> <li>Status</li> <li>St</li></ul>	the obligat	tions of registered agent.	The purpose of changing its registe	red office of register	ed agent, or both,	in the State of Flor	rida. 1 am fam	iliar with, and accept	
After May 1, 2005 Fee will be 3500.00       Trust Fund Contribution.       Added to Free         10.       OFFICENS AND DIRECTORS       Image: Contribution.       Added to Free         10.       OFFICENS AND DIRECTORS       Image: Contribution.       Image: Contribution.       Image: Contribution.         11.       WACHTEL, JOHN R       Statuto Statuto       Statuto Statuto       Image: Contribution.       Image: Contribution.         11.       WACHTEL, JOHN R       Statuto Statuto       Statuto       Image: Contribution.       Image: Contribution.         11.       WACHTEL, JOHN R       Statuto       Statuto       Image: Contribution.       Image: Contribution.         11.       Statuto       Statuto       Statuto       Image: Contribution.       Image: Contribution.         11.       Statuto       Statuto       Statuto       Image: Contribution.       Image: Contribution.         11.       Statuto       Statuto       Statuto       Image: Contribution.       Image: Contribution.       Image: Contribution.         11.       MMC       Statuto       Statuto       Image: Contribution.       Image: Contretail Contretail Contribution.       <	SIGNATURE.	Signature, typed or printed name of registered agent an	d l'ae il applicable (RiOTE Register	barlupar eruisingia freque ba	when reinstating)	· _	DATE		
TILE       P         NMME       WACHTEL, JOHN R         STETADORSS       G91-99TH AVE NORTH         GIT-ST-2P       PINELLAS PARK, FL 33782         TILL       ST         NAME       WACHTEL, PAMELA A         GOD 99TH AVE N       G001-99TH AVE N         GIT-ST-2P       PINELLAS, FL 33782         TILL       MME         STET ADDRESS       GOD NOT WRITE         GIT-ST-2P       INTEL ADDRESS         SIELT ADDRESS       INTE ADDRESS         GIT-ST-2P       INTEL ADDRESS	After M	ay 1, 2005 Fee will be \$550.0	Trust Fund Contribution		00 May Be ed to Fees				
NME       WACHTEL, PAMELA A         SIRET ADRESS       G01 99TH AVE N         PINELLAS, FL 33782       04/22/05-80104-011 150.00         IIIL       MME         SIRET ADRESS       DO NOT WRITE         IIIL       INTELLAS, FL 33782         DIL       NME         SIRET ADRESS       INTELLAS, FL 33782         DO NOT WRITE       IN THIS SPACE         IIIL       NME         SIRET ADRESS       IN THIS SPACE         IIIL       NME         SIRET ADRESS       IN THIS SPACE         IIIL       NME         SIRET ADRESS       -         IIIL       -         NME       -         SIRET ADRESS       -         IIIL       -         NME       -         SIRET ADRESS       -         IIIL       -         NME       -         SIRET ADRESS       -         IIIL       -         NAME	TITLE NAME STREET ADDRESS	P WACHTEL, JOHN R 6091-99TH AVE NORTH	RECTORS	= <u></u> ,	· - <u> </u>				
NME       STRET ADDRESS         CITY-ST-ZP       DO NOT WRITE         NML       IN THIS SPACE         STRET ADDRESS       IN THIS SPACE         CITY-ST-ZP       IN THIS SPACE         TITLE       NAME         STRET ADDRESS       CITY-ST-ZP         12.       Indicated on this report or supplied with this filling does not qualify for the eximption Stated in Section 119.07(300, Florida Statutes. Flurther certify, that the information indicar or director or supplied with this filling does not qualify for the eximption Stated in Section 119.07(300, Florida Statutes. Flurther certify, that the information 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 Eleck 11 if changed, or on an attachment with an address, with all other like empowered.         SIGNATURE:       MAMUMM John R Wachtel, President 4//15//5       727–549–8100	NAME STREET ADDRESS	WACHTEL, PAMELA A 6091 99TH AVE N			<u> </u>		*****	.1 150.00	
ITTLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP T2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), 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: MAMAMAN John R Wachtel, President 4/15/15 727–549–8100	NAME STREET ADDRESS CITY • ST - ZIP				_				
NMME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:       Math MaddW John R Wachtel, President 4/15/5       727-549-8100	NAME STREET ADDRESS CITY-ST-ZIP					HIS SP	ACE		
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SIGNATURE: April Moult John R Wachtel, President 4/15/5 727-549-8100	NAME STREET ADDRESS	-		5	.:				
SIGNATURE: <u>JUDANA MOULUN</u> John R Wachtel, President 4/15/5 727-549-8100		n.l. l.l.k	t-P			Florida Statutes. I f s if made under oa and that my name	urther certify t ath, that I am a appears in Bio	hat the information nofficer or director pck 10 or Block 11 if	
	SIGNAT		John R Wachte	1.Presider	nt 4/15/	Date 72			