


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90038 024 \*\*\*150.00

DOCUMENT # 429500			
1. Entity Name JERRY DAVID SERVICES, INC.			
Principal Place of Business 5095 NW 98 WAY CORAL SPRINGS, FL 33076 US		Mailing Address 5095 NW 98 WAY CORAL SPRINGS, FL 33076 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVID, DIANE W. 5095 NW 98 WAY CORAL SPRINGS, FL 33076		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u>3/30/04</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, DIANE W.	NAME	<del>SECRETARY P</del> Jerry A David
STREET ADDRESS	5095 NW 98 WAY	STREET ADDRESS	5095 NW 98 WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, THEODORE J.	NAME	
STREET ADDRESS	5095 NW 98 WAY	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, JERRY A	NAME	<del>PRESIDENT S/T</del> Diane W. David
STREET ADDRESS	5095 NW 98 WAY	STREET ADDRESS	5095 NW 98 WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: <u>Diane W. David, Secretary</u>		Date: <u>3/30/04</u>	Daytime Phone #: <u>561-716-0231</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

