2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Jan 28, 2004 08:00 AM DOCTIVIENT # 622487 1. Entity Name Secretary of State 3D SERVICE, INC. Principal Place of Business Mailing Address 901 N HOWARD AVENUE TAMPA FL 33606 901 N HOWARD AVENUE **TAMPA FL 33606** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-1917075 Not Applicable \$8.75 Additional Ζıρ Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPRAGUE, PATRICK F Street Address (P.O. Box Number is Not Acceptable) 7211 N DALE MABRY SUITE 202 TAMPA FL City 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition DARVILLE, LORENE M NAME NAME U00000016511 01/28/04-80057-020 150.00 STREET ADDRESS 3109 WEST CASS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DARVILLE, CLYDE A NAME NAME 6766 RALSTON BCH CIRCLE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP TAMPA FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME DARVILLE, WALTER J NAME STREET ADDRESS 3109 WEST CASS STREET ADDRESS CITY-ST-7IP TAMPA FL CITY - ST- ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 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 to execute to execute the report as equired 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.

Clyde Darville/- 22-04