

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 645700

1. Entity Name

MULTI SERVICES UNLIMITED, INC.



Principal Place of Business

1525 PARSENONE S
SEFFNER, FL 33584

Mailing Address

1525 PARSENONE S
SEFFNER, FL 33584



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3054260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCURLOCK, CHARLES J.
10934 ROSS ST.
TAMPA, FL 33610

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCURLOCK, CHARLES J.
STREET ADDRESS	10934 ROSS ST.
CITY - ST - ZIP	TAMPA, FL
TITLE	VD
NAME	SCURLOCK, MARY K.
STREET ADDRESS	10934 ROSS ST.
CITY - ST - ZIP	TAMPA, FL
TITLE	STD
NAME	COOPER, SANDRA L.
STREET ADDRESS	113 W. EMPIRE PLACE
CITY - ST - ZIP	BRANDON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U900000277100
03/26/05-80019-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Mary K. Scurlock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05

Date

8136812533

Daytime Phone #